	DATE:		2014
I.	HUSBAND:		
	Full name:		
	Home Phone:	Cell Phone	e:
	Work Phone:	Email:	
	Social Security #:		<u> </u>
	Current Residence Address:		
	City:	State:	Zip:
	Length of residence in Tennessee:		
	Date of Birth:	Place of Birth: _	
Number of Previous Marriages:			
If	previously married, last marr	<i>iage ended in:</i> Di	vorce Annulment Death
	Currently a member of the U	Inited States Arm	
	Employer:		
	Wage (Gross/Month):		
Highest level of Education Completed:			
	Race:		
	List the names and number	es of 2 moonle that	an take a massage for you if
	List the names and numbers of 2 people that can take a message for you at your listed phone numbers.		
	Name:		Phone #:
	Name:		Phone #:

II.	WIFE:			
	Full married name: Full Maiden Name:			
	Legal name restored to Maiden Name?			
	Home Phone: Cell Phone:			
	Work Phone: Email:			
	Social Security #:			
	Current Residence Address:			
	City: State: Zip:			
	Length of residence in Tennessee:			
	Date of Birth: Place of Birth:			
	Number of Previous Marriages:			
If previously married, last marriage ended in: Divorce Annulment Death				
	(circle one) Currently a member of the United States Armed Services?:			
	Employer:			
	Wage (Gross/Month):			
	Highest level of Education Completed:			
	Race:			
III.	GENERAL INFORMATION:			
	Date of Marriage: Date of Separation:			
	City/State of Marriage:			
	Residence at the time of separation:			
	Reason for Separation:			

Real Property:
Personal Property:
Debts:
Retirement Accounts:
Vehicles (List Make/Model/Year/VIN#/who will be keeping said vehicle):
Is either party covered under the other's health insurance policy?
If yes, what is the name & contact number of the insurance company?
What is the policy number?
Is there a COBRA continuation policy? Amount per month?

IV. PAYMENTS:

I agree to pay my court costs in the amount of \$212.00 with the following payment method: Cash Check Money Order
Wolley Order
I agree to pay my attorney's fees in the amount of \$500.00 with the following payment method: Cash Check Money Order Credit Card
*If paying by credit card, please provide the following information:
Card Number: Expiration Date: CVV: Zip Code where CC bill goes:
Client Signature Authorizing Payment: Date: