



IN THE CIRCUIT COURT OF TENNESSEE
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

COST ASSESSMENT INFORMATION SHEET

Docket ID

Division

Plaintiff's Name:

Plaintiff's SSN: XXX-XX-

Address:

City:

State:

Zip Code:

Plaintiff's Employer:

Employer's Address:

Employer Phone Number:

Banking
Information:

Defendant's Name:

Defendant's SSN: XXX-XX-

Address:

City:

State:

Zip Code:

Defendant's Employer:

Employer's Address:

Employer Phone Number:

Banking
Information:

Witness's Name:

Address:

Witness's Name:

Address:

Cost Assessed Against:

Date: