IN THE _____ COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS, SHELBY COUNTY

	*	
JOHN DOE,	*	
,	*	
Plaintiff,	*	
	*	
v.	* No	
	*	
JANE DOE,	*	
	*	
Defendant.	*	
	*	

COMPLAINT FOR DIVORCE

TO THE HONORABLE CHANCELLORS AND CIRCUIT JUDGES OF SHELBY

COUNTY, TENNESSEE:

The Plaintiff respectfully shows the Court the following statistical data and grounds upon which this claim for relief is based:

I.

STATISTICAL DATA

Wife (maiden name)

Husband

Name Present Address

Birthplace(City&State)

Date and place of marriage

Race

Number of previous Marriages

Children

Date and Place of Separation

Education

Plaintiff has resided in Shelby County, Tennessee for more than six months next preceding the filing of this bill.

Plaintiff is a bona fide resident of Tennessee, and the acts complained of were committed while Plaintiff was a bona fide resident of Tennessee.

Plaintiff has continued to reside in Shelby County, Tennessee since the date of separation.

II.

THE PLAINTIFF CHARGES

That the parties have irreconcilable differences.

WHEREFORE, PREMISES CONSIDERED, PLAINTIFF PRAYS:

1. That process issue and be served upon the Defendant requiring defendant to answer or otherwise plead to the complaint herein filed against defendant.

2. That upon hearing hereof the Plaintiff be granted an absolute divorce from the Defendant.

- 3. Plaintiff's former name of ______ be restored.
- 4. That Plaintiff be granted such further relief as the Court deems just and proper.

Respectfully submitted,

Name Address Phone

STATE OF TENNESSEE SS. COUNTY OF SHELBY

I, ______ Plaintiff in the foregoing Complaint for Divorce, first being duly sworn, make oath that the facts stated therein are true to the best of my knowledge and belief; that the Complaint is not made out of levity or by collusion with the Defendant, but in sincerity and truth and for the cause mentioned in the Complaint.

Affiant

SWORN TO AND SUBSCRIBED before me this the ____ day of _____, 2016.

Notary Public

My Commission Expires:

CERTIFICATE OF DIVORCE PROCTOR

The Divorce Proctor hereby acknowledges receipt of a copy of the foregoing Complaint

for Divorce.

Dated this _____ day of _____, 2016.

IN THE _____ COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS, SHELBY COUNTY

:	*		
:	*		
:	*		
:	*		
:	*		
:	*	No	
:	*		
:	*		
:	*		
:	*		
:	*		
		* * * * * * * * * * * * * * * * * *	* * * * No

PERSONAL INFORMATION

Jane Doe Social Security Number 123-45-6789 4150 Rose Rd Memphis, TN DOB: 9/28/65

John Doe Social Security Number 132-45-0000 33 N. Main Memphis, TN DOB: 11/15/70

Court
 Court

County Tennessee

UNIFORM CIVIL

Case Number

per

AFFIDAVIT OF INDIGENCY

page of 2

_____ VS. _____

_____ , having been duly sworn according to law, make oath that because of my poverty, I am I, _ unable to bear the expenses of this case and that I am justly entitled to the relief sought to the best of my belief. The following facts support my poverty.

- 1. Full Name:
- Telephone Number: 3.

- 2. Address:
- 4. Date of Birth:

5.	Names and A				D 1 . 1 1 1				
		ionship: ionship:			_ Relationship	:			
6.		red by: bloyer's address i bloyer's phone nu	s:						
				ne and social secur om the following s		lucted, is:	\$		
	AFDC SSI		\$ \$	per month			-		
	tirement	\$		per month					
	ability	\$		per month					
Un	employment	<u>۶</u>	.		beginning				
0.1		s Compensation		per month	beginning		-		
Otł	ner \$	per mo	onth	beginning					
9.	My expense	s are:							
	Rent/Hor	use Payment	\$	per month	Medica	l/Dental		\$	pe
mo	nth								
		Groceries	\$	per mor			\$	per mont	h
		Electricity	\$	per mor		l Supplies		per mont	h
		Water \$		per month	Clothing\$		per month per m		
		Gas \$		per month			1		
		Transportation	\$	per mon		ourt Ordere	ed Child Suppor		
					Other			\$	per month
10.	Assets:								
	Automob	oile	\$	(FMV)					
		Checking/Savin	igs Accou	ınt \$					
		House \$ Other \$	(FMV))					

11. My debts are:

Amount Owed

To Whom

__ Court

County Tennessee

UNIFORM CIVIL AFFIDAVIT OF INDIGENCY

Case Number

page of 2

age of

_____ VS. _____

I hereby declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the costs of this action.

Notary Public

My Commission Expires:

ORDER ALLOWING FILING ON PAUPER'S OATH

It appears based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the Plaintiff is an indigent person and is qualified to file case upon a pauper's oath.

It is so ordered this the _____ day of _____, 20 ____

JUDGE

DETERMINATION OF NONINDIGENCY

It appearing based upon the Affidavit of Indigency filed in this cause and after due inquiry made that the Plaintiff is not an indigent person because ______.

IT IS ORDERED AND AJUDGED that the Plaintiff does not qualify for filing this case on a pauper's oath. This the _____ day of _______, 20 ______.

JUDGE

NOTICE: If the judge determines that based upon your affidavit you are not eligible to proceed under a pauper's oath, you have the right to a hearing before the judge or, in those cases that can be appealed to Circuit Court, a hearing before the Circuit Court judge.

State of Tennessee	Court(Must Be Completed)	County (Must Be Completed)
Health Ins	surance Notice	File No. (Must Be Completed) Division (Large Counties Only)
Plaintiff		
(Name: First, N	/liddle, Last) of Spouse Filing the Div	vorce)
Defendant		
(Name: First, N	Middle, Last of the Other Spouse)	

You must:

- Fill out this form completely, **OR** ask the person in charge of employee benefits where you work to fill it out.
- File the copy with the Court.
- Mail a copy to your spouse by certified mail. Keep a copy of this form for your records.

Important! Your spouse must receive this notice at least 30 days before the coverage ends.

To (Spouse's Name):				
(Spouse's Address	:):			
	Street address or P.O. Box	City	State	Zip
From (Your Name):				
(Your Address):				
,	Street Address or P.O. Box	City	State	Zip
If you do not have he	alth insurance, check here	Eill out the Certificate	of Service se	otion

If you do not have health insurance, check here. \Box Fill out the Certificate of Service section below, mail a copy of the form to your spouse, and file this form with the clerk's office.

If you do have health insurance, fill out the information about your health insurance policy that covers your spouse now:

Health Insurance Company: _____ Policy Number: _____

(Employee Benefits Contact Person): (Name/Phone #/Street Address/City/State/Zip)

Check one:

- □ This policy has COBRA. That means the dependent spouse can keep the insurance after the divorce. BUT s/he must apply by the deadline and pay the premiums and any administrative charges. To learn more, speak to the employee benefits person listed above.
- □ This is a group insurance policy. The dependent spouse may be able to continue coverage under TCA § 56-7-2312(d)(1). To learn more, speak to the employee benefits person listed above. The dependent spouse may also get insurance from another source.
- □ This policy does not offer COBRA. That means the dependent spouse's coverage will end after the divorce. The dependent spouse must get other health insurance to be covered.
- □ My spouse is not covered by my policy.

Certificate of Service:

I hereby certify that a true and exact copy of this **Health Insurance Notice** was mailed to my insured spouse on

(Date) _____. (MM/DD/YYYY) I sent it to the address listed above by certified mail.

Sign Here:

Date (MM/DDD/YYY)

IN THE CIRCUIT/CHANCERY COURT OF SHELBY COUNTY, TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

Plaintiff,)))	
vs.) –	
Defendant.	-))	

NOTICE OF INSURANCE

TO:

Notice is hereby provided to you, pursuant to T.C.A. §56-7-2366, with regard to your medical (accident and sickness) insurance, the following information:

1. [] You are currently insured under the following policy, of which your spouse is the insured or policy holder, which provided medical and/or hospital insurance for your benefit:

2. [] You will no longer have medical or hospital insurance coverage as a dependent under this policy sixty (60) days after your divorce or legal separation order is

entered. Unless you take action, you will be without health insurance coverage.

Check if applicable:

3. [] This policy has a COBRA continuation provision. This permits you to continue coverage under the existing policy if certain steps are timely taken, which may include the completion of a COBRA benefits application and the payment, in advance, of premiums. The contact person for COBRA information is as follows:

Administrator:		
Phone Number:		
Address:		

[] COBRA coverage is not available under this policy. Therefore, to have health insurance, you must obtain your own insurance from another source.

[] The insurance coverage you currently have is a group insurance policy and you may be entitled to continuation coverage pursuant to T.C.A. §56-7-2312(d)(1). The person to contact for insurance continuation information is:

Person:

Phone Number:

Address:

Alternatively, know that you may obtain insurance from another source of your choice.

Dated this _____ day of _____, 2014.

Insured spouse or policy holder

By: John R. Branson Baker, Donelson, Bearman, Caldwell & Berkowitz First Tennessee Building 165 Madison Ave., Suite 2000 Memphis, TN 38103 Attorney for insured spouse or policy holder (if applicable)

CERTIFICATE OF SERVICE

This is to certify that I, John R. Branson, attorney for Plaintiff/Defendant, have this day mailed, postage pre-paid, a true and correct copy of the foregoing pleading to the following:

CERTIFIED, this the _____ day of _____, 2014.

John R. Branson

IN THE CIRCUIT/CHANCERY COURT OF SHELBY COUNTY, TENNESSEE

AFFIDAVIT AS TO MILITARY SERVICE

Case #

vs

Div or Part #

STATE OF TENNESSEE COUNTY OF SHELBY

I, , Complainant in the above styled cause, hereby make oath that ______, Defendant herein, is not a member of any branch of the military service of the United States of America, or its allies to the best of my knowledge and belief.

Affiant

SWORN TO AND SUBSCRIBED BEFORE ME

_____ , 20 _____

Notary Public

•

Circuit/Chancery Court D.C.

IN THE _____ COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS, SHELBY COUNTY

		*	
JOHN	DOE,	*	
		*	
	Plaintiff,	*	
		*	
v.		*	No
		*	
JANE	DOE,	*	
		*	
	Defendant.	*	
		*	

MARITAL DISSOLUTION AGREEMENT

THIS AGREEMENT, entered into this the _____ day of _____ 2016, by and between _____, hereinafter referred to as Husband, and _____, hereinafter referred to as Wife.

WITNESSETH:

WHEREAS, the parties are now Husband and Wife, having been married on

_____ in _____ County, State of _____; there are no minor children; and

WHEREAS, certain irreconcilable differences have arisen between the parties which have caused them to determine that they can no longer continue the marriage relationship; and,

WHEREAS, the parties by this Agreement desire amicably to settle and adjust fully, completely, and finally their marital and property rights and interest under the terms and conditions contained herein;

NOW THEREFORE, in consideration of the mutual promises each to the other made and the Agreement as contained herein, subject to the approval and ratification of the Divorce Court of Shelby County, Tennessee, the parties agree as follows:

1. The parties own no real estate.

2. Each party shall retain as their sole and separate property all personalty that is in their possession and hereby relinquishes all right, title, and interest in and to the personalty of the other.

3. The parties acknowledge that they have no joint debts and the parties hereto agree that neither party shall charge nor cause to be charged to the other party any purchases which either of the may make after this agreement is entered into and shall not create any engagements or obligations in the name of or against the other nor shall either party hereafter secure or attempt to secure any credit upon or in connection with the other. Each warrants that there are no charges to the credit of each that is assumed above that has not been fully revealed to the other. If there are any such unrevealed charges, the party making those charges shall be responsible for the payment of those unrevealed charges.

4. Notice pursuant to T.C.A. 36-4-134. This agreement and the final decree entered herein does not necessarily affect the ability of a creditor to proceed against a party or a parties property, even though the party is not responsible under the terms of the decree for an account, any debt associated with an account or any debt. The parties understand that it may be in their best interests to cancel, close or freeze any jointly held accounts.

5. Each party hereby specifically waives any claim that they may have against the other for alimony, maintenance, or support. Each states this agreement provides a fair and equitable distribution of their property.

6. Plaintiff shall pay the court costs accrued in the divorce action to be filed by Plaintiff in the Divorce Court of Shelby County, Tennessee.

7. Each party agrees to pay their own attorneys' fees in connection with the aforesaid divorce action.

8. The parties accept the provisions of this Agreement in full and final settlement and satisfaction of any and all claims and rights which either of them has had or may now have against the other party with respect to alimony, maintenance, and support; and both Husband and Wife further do hereby forever release to the other all claims or rights to dower, homestead, alimony, inheritance, year's support, and all other property rights except as provided for in this Agreement, which either has had, may now have, or may hereafter have but for this Agreement, as husband, wife, widower, or widow by reason of the marital relationship now existing between the parties, in and to or against the property of the other party, whether now or hereafter acquired by such other party.

9. The parties hereto acknowledge that this Agreement is entered into without any undue influence, fraud, coercion, or misrepresentation, that the parties have had full and adequate opportunity to seek independent legal advise by counsel of his or her selection, that the parties have executed this Agreement freely and voluntarily, neither having relied on any representation other than as expressly set forth herein, and that the provisions of this Agreement shall constitute the full, final, and complete settlement of any and all property interests between them.

10. Each of the parties does hereby agree to execute any and all instruments necessary to effectuate the provisions of this Agreement.

11. In the event it becomes reasonably necessary for either party to institute legal proceedings to procure the enforcement of any provision of this Agreement, in addition to any other relief to which the enforcing party may be adjudged entitled, he or she shall also be entitled to a judgment for reasonable expenses, including attorney's fees, incurred in prosecuting the

action.

12. It is further understood and agreed that the terms of this instrument may be incorporated in a Decree of Divorce granted to either party.

13. Defendant does hereby acknowledge their awareness that a Complaint for Absolute Divorce shall forthwith be filed by Plaintiff in the Divorce Court of Shelby County, Tennessee. Further, Defendant does hereby expressly waive notice of hearing and service of process upon them in connection with said divorce proceedings, notice of hearing, and agrees that their execution of this Marital Dissolution Agreement shall be in lieu of service of process, shall constitute a general appearance and Answer before the Divorce Court, giving said Court personal jurisdiction over Defendant and shall constitute a default judgment for the purposes of granting of an absolute divorce on the grounds of irreconcilable differences, in accordance with the provisions of Tennessee Code Annotated §36-4-103. Defendant further waives all rights under the Soldiers' and Sailors' relief act.

14. Wife's maiden name of ______ shall be restored.

15. The notice provision under T.C.A. § 56-7-2366 is inapplicable to the parties because neither is an insured or policy holder of a group policy of accident and sickness insurance offered for sale in the State of Tennessee, that provides coverage for hospital or medical expenses and that also provides coverage to the spouse.

IN WITNESS WHEREOF, the parties executed this Agreement the day and year above written.

STATE OF TENNESSEE

COUNTY OF SHELBY

Wife

On this ______ day of ______, 2016, personally appeared ______, to me known (or proved to me on the basis of satisfactory evidence) to be the person described herein and who executed the foregoing instrument, and acknowledged that she executed the same as and for her free act and deed.

My Commission Expires:

Notary Public

STATE OF

COUNTY OF

Husband

On this ______ day of _____, 2016, personally appeared ______, to me known (or proved to me on the basis of satisfactory evidence) to be the person described herein and who executed the foregoing instrument, and acknowledged that he executed the same as and for his free act and deed.

Notary Public

My Commission Expires:

IN THE _____ COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS, SHELBY COUNTY

		*	
JOHN I	DOE,	*	
		*	
	Plaintiff,	*	
		*	
v.		*	No.
		*	
JANE I	DOE,	*	
		*	
	Defendant.	*	
		*	

FINAL DECREE OF DIVORCE

This cause came on to be heard this date before the Honorable ______, Judge of the ______ Court of Shelby County, Tennessee, on the sworn Original Complaint for Divorce filed herein, waiver of service of process by the Defendant, Marital Dissolution Agreement executed by both parties, and upon the entire record in this cause, from all of which it appears to the Court that the Plaintiff is entitled to an absolute divorce on the grounds that irreconcilable differences have arisen which require dissolution of the marriage and that the Plaintiff should be awarded a final decree of divorce as a result thereof;

It affirmatively appears to the Court that the parties have made adequate and sufficient written provision in a Marital Dissolution Agreement for the equitable settlement of any property rights between them.

It further appears that the terms of the Marital Dissolution Agreement should be incorporated by reference into the final decree of divorce.

The notice provision under T.C.A. § 56-7-2366 is inapplicable to the parties because neither is an insured or policy holder of a group policy of accident and sickness insurance offered

for sale in the State of Tennessee, that provides coverage for hospital or medical expenses and that also provides coverage to the spouse.

Notice pursuant to T.C.A. 36-4-134. This decree entered herein does not necessarily affect the ability of a creditor to proceed against a party or a parties property, even though the party is not responsible under the terms of the decree for an account, any debt associated with an account or any debt. The parties understand that it may be in their best interests to cancel, close or freeze any jointly held accounts.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED:

1. That the bonds of matrimony heretofore subsisting between the Plaintiff, John Doe and the Defendant, Jane Doe are hereby absolutely and forever dissolved, and the Plaintiff is granted an absolute divorce and the parties are restored to all the rights and privileges of unmarried persons.

2. That the terms of the Marital Dissolution Agreement be and hereby are incorporated by reference into this Final Decree as though fully and specifically set out herein.

3. Wife's former name of ______ is hereby restored to her.

That the costs in this cause be and hereby are taxed against the Plaintiff for which let execution issue.

Judge

Date:

APPROVED FOR ENTRY:

Name Address Phone#

CERTIFICATE OF SERVICE

In accordance with the Tennessee Rules of Civil Procedure, Rule 58, I certify that a copy of the foregoing was provided to adverse party by U.S. Mail, postage prepaid, this the _____ day of _____, 2016, at the last known address.

Name

		а		
				PH-1682 (Revised 6/99)
ADA 1399	1 ⊡ Not previously matrice ∠ ⊔ by dearring 3 ⊡ Divorce or Annulment	17b. 1 🗆 Not pro 3 🖸 Divorce	15b. 16b.	WIFE
	2 U By death		15a. 16a.	HUSBAND
18. Education Specify Highest Grade Completed Elementary or Secondary College (0-12) (1-4 or 5 +)	tarriage Ended	Number of This Marriage 17. If Previously First, Second, (Specify below Etc. (Specify)	15. Race	ALL ITEMS 1-18 MUST BE COM- PLETED.
	CONFIDENTIAL INFORMATION	CONFID		
FICIAL 141, DATE SIGNED BY CENTIFING CODE	TITLE OF CERTIFYING COURT OFFICIAL	[14h,	14g. SIGNATURE OF CERTIFYING COURT OFFICIAL	SIGNATURE MUST BE IN PER- MANENT BLACK INK.
		5 C Other (Specify)		
	4 🗋 Probate			DECREE
	2 🗆 Chancery		14d. COUNTY OF DECREE 14e.	
14c, WAS MAIDEN NAME OH PHEVIOUS LEGAL SURNAME RESTORED? (Specily Name)	TYPE OF DECREE 1 Absolute 2 Limited 3 Annulment	145.	14a. I CERTIFY THAT THE MARRIAGE OF THE ABOVE NAMED PERSONS WAS DISSOLVED ON: (Month. Day. Year)	DO NOT USE A SEAL ON THIS
13b. AUUHESS (Street of R.F.D. WW., Only of Johns, Source, Sep.	PETITIONER'S ATTORNEY (Type/Print)	Both	12. PETITIONER 1 D Husband 2 D Wife 3 D 4 D Other (Specify)	
	11c. NUMBER OF CHILDREN UND	CHILDREN UNDER 18 THIS FAMILY (Specity)	11a. NUMBER OF CHILDREN EVER BORN 11b. ALIVE OF THIS MARRIAGE (Specify)	MARRIAGE
10. DATE COUPLE LAST RESIDED IN SAME HOUSEHOLD (Month, Day, Year)	9c. DATE OF THIS MARRIAGE (Month. Day, Year)	95. COUNTY	98. PLACE OF THIS MARRIAGE-STATE (or Foreign Country)	·
çα	7. BIRTHPLACE (State or Foreign Country)		6d. STREET AND NUMBER	
CITY, TOWN, OR LOCATION	6c. CITY	6b, COUNTY	6a. RESIDENCE-STATE	WIFE
5c. SOCIAL SECURITY NUMBER	55. MAIDEN NAME		5a. WIFE'S NAME (First, Middle, Last)	
4.	3. BIRTHPLACE (State or Foreign Country)		2d. STREET AND NUMBER	
VN, OR LOCA	2c. CITY,	26. COUNTY	2a. RESIDENCE-STATE	HUSBAND
SOCIAL SECURITY NUMBER	16. SOCI		1a. HUSBAND'S NAME (First, Middle, Last)	
	STATE FILE NO.		RULE DOCKET NO.	TYPE OR PRINT IN PERMANENT
	OF HEALTH	TENNESSEE DEPARTMENT OF HEALTH	CERTIF	THIS BECOMES A LEGAL RECORD WHEN PROPERLY EXECUTED AND FILED.

1

*

ALL QUESTIONS ARE LEADING

- 1. Your name is_____.
- You have been a resident of Shelby County
 6 months prior to filing of divorce.
- 3. Married to _____ on _____.
- 4. Separated on _____.
- 5. On the date of separation & today irreconcilable differences exist between you & your spouse.
- 6. You have entered into a Marital Dissolution agreement which you feel is fair & equitable and want the court to approve.
- 7. You want your former name of _____ restored. This is not to defraud creditors or avoid criminal prosecution.
- 8. You have no real property or minor children.
- 9. Neither of you have health insurance on the other.
- 10. You are paying the court costs.
- 11. Request that your divorce be granted.