Law Office of Michael K. Walker

THE DIVORCE PAPERWORK CANNOT BE COMPLETED IF ANY SPACES ARE LEFT BLANK

PLAINTIFF:_____ **DEFENDANT**:_____
FULL NAME-NO INITIALS FULL NAME – NO INITIALS

Social Sec. #: _____ Social Sec.#: _____

Home Phone: _____ Home Phone:_____

Work Phone: _____ Work Phone: _____

Cell/Other Phone: _____ Cell/Other Phone: _____

Email Address: _____

INFORMATION FOR HUSBAND

Full Name: (first, middle, last) _____
Residence--State _____ County _____ City and Zip Code _____
Physical address--street and number, Apt. # _____
Place of Birth: (State or Foreign Country) _____ Date of Birth:_____
Race_____ How many times have you been married including this one? (#) _____ If previously married – did the marriage end in divorce or death? _____ Total number of years of education completed (#)_____

INFORMATION FOR WIFE:

Full Name: (first, middle, last) _____ Maiden _____
Residence--State _____ County _____ City and Zip Code _____
Physical address--street and number, Apt. # _____
Place of Birth: (State or Foreign Country) _____ Date of Birth:_____
Race_____ How many times have you been married including this one? (#) _____ If previously married, did the marriage end in divorce or death? _____ Total number of years of education completed (#)_____
Place of Marriage (County and State) _____ Date of this marriage _____
Date couple last resided in same household (Month, Day, Year) _____
Number of children born, adopted, or expected of this marriage (before or during) _____ # of Children under 18 in this family _____

	Wife	***Husband***
How long have you lived in Tennessee? (years or months)	_____	_____
Are you a member of the Armed Forces? (yes/no)	_____	_____
Do you have a retirement plan? (401K, etc.)	_____	_____

Address of separation (residence you last lived together) : _____

PLACE OF EMPLOYMENT/HUSBAND: COMPANY NAME _____
(FULL STREET ADDRESS OF EMPLOYMENT):
_____
HUSBAND'S GROSS PAY: _____ PER MONTH _____ PER YEAR
PLACE OF EMPLOYMENT/WIFE: COMPANY NAME _____
(FULL STREET ADDRESS OF EMPLOYMENT):
_____
WIFE'S GROSS PAY: _____ PER MONTH _____ PER YEAR

1. PARENTING AND SUPPORT

List all minor children born, legally adopted, or expected before during **this** marriage.

Full Legal Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.1 Primary Residential Parent: ☐ Mother ☐ Father
1.2 Financial Support: Is child support being paid for any child through Juvenile Court or Circuit Court? _____
If yes, how much? _____ *We will need copies of current Child Support Orders to complete your paperwork.*
Are there any other children living in your home? ☐ Yes ☐ No
1.3 Is there an Order of Protection in force? _____ If so, what County? _____

1.4 **FINANCIAL SUPPORT**
The ☐ Mother ☐ Father shall pay child support in the amount calculated by the Child Support "Income Shares Worksheet determined by the Gross Annual Income of both parents and days of visitation.
This will be paid every: ☐ week ☐ two weeks ☐ twice a month ☐ monthly
This support shall be paid:
☐ directly to the other parent, beginning upon: ☐ signing of Parenting Plan ☐ date of Final Decree
☐ to the Central Child Support Receipting Unit, P. O. Box 305200, Nashville, Tennessee 37229, and sent to the other parent at:_____.

☐ A Wage Assignment Order will be attached to the Parenting Plan.

The parents acknowledge that court approval must be obtained before child support can be reduced or modified.

1.5 FEDERAL INCOME TAX EXEMPTION
The ☐ mother ☐ father is the parent receiving child support.

The Mother shall claim the following child(ren): _____

The Father shall claim the following child(ren): _____

The exemptions may be claimed in ☐ alternate years starting _____ ☐ each year ☐ other: _____.

1.6 HEALTH INSURANCE: ☐ Mother ☐ Father provide health insurance for the child(ren), and will provide proof of continuing coverage. Uncovered expenses will be: ☐ paid by the Father ☐ paid by the Mother ☐ pro rata in accordance with their incomes.

1.7 DENTAL INSURANCE: ☐ Mother ☐ Father will provide dental insurance for the child(ren), and will provide proof of continuing coverage. Uncovered expenses will be: ☐ paid by the Father ☐ paid by the Mother ☐ pro rata in accordance with their incomes.

1.8 LIFE INSURANCE *(Required for parent paying child support)*
The ☐ mother ☐ father ☐ both shall insure his/her own life in the minimum amount of $_____ by whole life or term insurance. Until the child support obligation has been completed, each policy shall name the following as sole irrevocable primary beneficiary: ☐ the other parent ☐ the other parent, as trustee for the benefit of the children, to serve without bond or accounting. ☐ other :_____.

2. SCHEDULE

2.1 Residential Schedule: The child(ren) primarily shall reside with the ☐ mother ☐ father. The parties agree that the alternate residential parent generally shall have all reasonable visitation with the child(ren) during the school year and otherwise. Specifically, time together will be:
FROM: _____ (Day/Time) TO: _____ (Day/Time).

☐ every week ☐ every other week ☐ other:_____.

HOLIDAY SCHEDULE AND OTHER SCHOOL FREE DAYS
*Indicate when child or children will be with each parent in **ODD** or **EVEN** numbered years or **EVERY** year:*

	MOTHER	**FATHER**
Martin Luther King Day	_____	_____
Presidents' Day	_____	_____
Easter	_____	_____

Passover Day	_____	_____
Mother's Day	_____EVERY_____	_____
Memorial Day (if no school)	_____	_____
Father's Day	_____	_____EVERY_____
July 4th	_____	_____
Labor Day	_____	_____
Halloween	_____	_____
Thanksgiving Day & Friday	_____	_____
Children's Birthdays	_____	_____
Other School-Free Days	_____	_____
Mother's Birthday	_____EVERY_____	_____
Father's Birthday	_____	_____EVERY_____
Other: _____	_____	_____

A holiday shall begin at 6:00 p.m. on the night preceding the holiday and end at 6:00 p.m. the night of the holiday, unless otherwise noted here_____.

The holiday schedule will be: (State beginning and ending days and times, and may alternate each year)

2.4 Winter:_____

2.5 Spring:_____

2.6 Summer:_____

2.7 Fall/Other :_____

2.8 Restrictions: ☐ Do not apply ☐ Apply as follows:_____

2.9 Transportation Arrangements: (including costs)_____

3. DECISION MAKING

3.1 DAY-TO-DAY DECISIONS

Each parent shall make decisions regarding the day-to-day care of a child while the child is residing with that parent, including any emergency decisions affecting the health or safety of a child.

MAJOR DECISIONS

Major decisions regarding each child shall be made as follows:

Educational decisions	☐ mother	☐ father	☐ joint
Non-emergency health care	☐ mother	☐ father	☐ joint
Religious upbringing	☐ mother	☐ father	☐ joint
Extracurricular activities	☐ mother	☐ father	☐ joint
_____	☐ mother	☐ father	☐ joint

3.2 and 3.3 Other Decisions (school, activities, etc.):

_____

3.4 Restrictions: ☐ Do not apply ☐ Apply as follows: _____

ADDRESSES WHERE THE CHILDREN HAVE LIVED OVER THE PAST FIVE (5) YEARS:

Street Address, City, State, Zipcode	With Whom did the child(ren) live (Mother, Father, or Both)
_____	_____
_____	_____
_____	_____
_____	_____

PROPERTY

I. VEHICLES: List all Husband's vehicles and Wife's vehicles. VIN # is required.

	Year, Make, Model	Whose name is title in	Who will keep the car	Vehicle ID No.
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____
#4	_____	_____	_____	_____

Are vehicles security for any loans? _____ (list below)

	Lender's name	Financed in Whose Name	Balance Owed	Who will pay?
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____
Vehicle #3	_____	_____	_____	_____
Vehicle #4	_____	_____	_____	_____

II. PERSONAL PROPERTY: (Household items, personal belongings, etc.)
Have you reached an agreement with respect to the division of your personal property? _____

III. REAL PROPERTY:

A. Do you own a mobile home? _____ Are you buying a lot? _____
Address: _____

B. Do you own a home? _____ In whose name? ☐ Wife ☐ Husband ☐ Both
Address:_____
Who keeps the home:_____ Who pays the note? _____
Is the property to be sold? ☐ Yes ☐ No If the property is to be sold, who stays? _____
Who pays note until sold?_____ Agreement RE: equity?_____

C. Is there another home or property? Please list full address, who owns and pays note.
1._____
2._____

IV. SOLE DEBTS: Will each of you be responsible for paying the debts made in your own names? _____
If no, please explain: _____

V. JOINT DEBTS:

	Lender	Amt. Owed	Who pays?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

VI. OTHER PROVISIONS on which you have agreed: (retirement, 401K funds, IRS refund, etc.) Use a separate page if needed.

_____

VII. Wife wishes to: _____ Keep Married Name
_____ Have her maiden name restored to _____
_____ Have her previous married name restored to _____

How did you hear about us? ☐ Internet ☐ Friend ☐ Former client ☐ Craigslist ☐ Backpage ☐ Other