

\_\_\_\_\_  
**Plaintiff** [NAME (First, Middle, Last) OF SPOUSE FILING THE DIVORCE]

vs.

Docket No: \_\_\_\_\_

\_\_\_\_\_  
**Defendant** [NAME (First, Middle, Last) OF THE OTHER SPOUSE]

**Request to Postpone Filing Fees and Order**

If you think you cannot afford to pay the filing fees at this time:

- Fill out this form; and
- File it with your *Complaint for Divorce* (FORM 1).
- You are required by the Judge to attach copies of your income (employee paystubs, W-2 forms, 1099 forms); copies of unemployment benefits; or documentation stating that your unemployment benefits have run out.
- You are also required by the Judge to attach documents which support your monthly living expenses listed in Section 6 of this form.

**① Your Information:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
   Street Address  City  State  Zip

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_

**② Dependents:**

List your children below. Include your biological, adopted, step, and foster children. Also list other dependent relatives if they live with you for at least 6 months of the year and are:

- Under 19;
- Under 24 if full-time student (must live with you at least 5 months of the year); or
- Any age with a permanent disability.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

③ **Employment:** If you are working now, fill out information below. If **not** working now, check here:

Employer's Name: \_\_\_\_\_

Employer's Address and Telephone Number:

\_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

How much do you earn after taxes are deducted?

\$ \_\_\_\_\_ each (check **one**)  week  month  other: \_\_\_\_\_

④ **Other Income:** List **any** other income that you receive now or expect to receive.

Source of Income	How much do you receive?	Source of Income	How much do you receive?
<input type="checkbox"/> Families First	\$ _____ / month	<input type="checkbox"/> Unemployment	\$ _____ / month
<input type="checkbox"/> Social Security	\$ _____ / month	<input type="checkbox"/> Worker's Comp.	\$ _____ / month
<input type="checkbox"/> Retirement	\$ _____ / month	<input type="checkbox"/> Other*	\$ _____ / month
<input type="checkbox"/> Disability	\$ _____ / month	<input type="checkbox"/> SSI	\$ _____ / month

\* Explain source of "Other" income here: \_\_\_\_\_

\_\_\_\_\_

⑤ **Assets:** List **all** assets that you own separately, with your spouse, or with someone else.

Asset Type	Fair Market Value (what it's worth now)	[-] Money Still Owed	[=] Balance
1. Car, truck, or other vehicle	\$ _____	\$ _____	\$ _____
2. Other car, truck, or other vehicle	\$ _____	\$ _____	\$ _____
3. House, condominium or land	\$ _____	\$ _____	\$ _____
4. Other house, condominium or land	\$ _____	\$ _____	\$ _____

**List All Bank/Financial Institution Names Below:**

Bank Name	Account Number	Balance
1.		\$ _____
2.		\$ _____
Cash		\$ _____
<b>Total:</b>		\$ _____

Other: \_\_\_\_\_

\_\_\_\_\_

⑥ **Expenses:**

	How much each month?		How much each month?
<input type="checkbox"/> Rent/House Payment	\$ _____	<input type="checkbox"/> Gas	\$ _____
<input type="checkbox"/> Phone	\$ _____	<input type="checkbox"/> Child Care	\$ _____
<input type="checkbox"/> Groceries	\$ _____	<input type="checkbox"/> Court-ordered Child Support	\$ _____
<input type="checkbox"/> School Supplies	\$ _____	<input type="checkbox"/> Transportation	\$ _____
<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Medical/Dental	\$ _____
<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Other	\$ _____

⑦ **Debts:**

Who do you owe?	How much do you owe?
1.	\$ _____
2.	\$ _____
3.	\$ _____
4.	\$ _____
5.	\$ _____
6.	
7.	\$ _____

⑧ **Assistance:** If you are receiving any **monetary assistance** with your daily living expenses, please state:

Name(s) of Person(s) (assisting you)	Relationship (to you)	Amount of Assistance (being provided to you each month)	Length of Time (you have been receiving this assistance)	Length of Time (you expect to receive this assistance)
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		\$		
7.		\$		
8.		\$		



If you are receiving any type of **monthly assistance** that is **not monetary in nature** (for example, *room and board, meals, etc.*), please state:

Name(s) of Person(s) (assisting you)	Relationship (to you)	Amount/Value of Assistance (being provided to you each month)	Length of Time (you have been receiving this assistance)	Length of Time (you expect to receive this assistance)
1.		\$		
2.		\$		
3.		\$		
4.		\$		
5.		\$		
6.		\$		
7.		\$		

I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

Sign here:  \_\_\_\_\_ Date: \_\_\_\_\_

**Judge’s Order:**

Based on the information above and the Plaintiff’s answers (check **one**):

- This *Request* is **approved**, and the Plaintiff may file without paying the filing fees at this time.
- This *Request* is **denied** because (explain): \_\_\_\_\_

This Order is made on (date): \_\_\_\_\_ By: \_\_\_\_\_  
**Judge’s Signature**