
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 dependents below. Dependents can be:

- Your children; and
- Anyone you can claim as a dependent on your taxes.

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/AFDC	\$ _____ / 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 [DO NOT INCLUDE ACCOUNT #]	Balance
1. _____	\$ _____
2. _____	\$ _____
Cash	\$ _____
Total:	\$ _____

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.		\$		

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.

Perjury means lying on purpose. If I lie on purpose, I may have to pay a fine or go to jail.

Sign here:  _____ Date: _____

IMPORTANT!

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The Court will not accept written statements from witnesses. The person must go to Court in person. If you think a witness may not want to go to Court, ask the Clerk for Subpoena forms. Complete the Subpoena as soon as possible so the Sheriff can serve them before Court.

The Court and Clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.

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