Plaintiff [NAME (First, Middle, Last) OF SPOUSE FILING THE DIV	ORCE]				
vs.	Docket No:				
Defendant [NAME (First, Middle, Last) OF THE OTHER SPOUSE	1				
Spouses' Pers	sonal Information				
This form asks for the personal contact information	on and social security numbe	r of both spous	ses.		
To protect your personal information, follow these 1) Fill out this form. 2) Put the form in an unsealed envelope. 3) Write the names of both spouses and the 4) Give the envelope to the Clerk when you 5) The Court Clerk will seal this form in the experience. Plaintiff's Information:	ne docket number of your c	ase on the env	velope.		
Name: First Middle	Maiden name	Last	Name (now)		
Address:					
Street Address	City	State	Zip		
Telephone Number:		_			
Social Security Number:	Birth Date (mm/d	Birth Date (mm/dd/yy):			
Birthplace (State or Foreign Country):					
Defendant's Information:					
Name:	M: J.J.	L t NI			
· · · · ·	Middle	Last Name			
Address:Street Address	City	State	Zip		
Telephone Number:	·	_	•		
Social Security Number:					
Birthplace (State or Foreign Country):					

IN THE _____ CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

January 2017

Children's Names, Addresses, Birth Dates and Social Security Numbers:

Child's Name	Child's Address	Child's Birth Date	Child's Social Security Number