

<b>State of Tennessee</b>	<b>Court</b> (Must Be Completed)	<b>County</b> (Must Be Completed)
<b>Request to Postpone Filing Fees and Order</b>		<b>File No.</b> _____ (Must Be Completed)
		<b>Division</b> _____ (Large Counties Only)
<b>Plaintiff</b> (Name: First, Middle, Last) of spouse filing the divorce)		<b>Defendant</b> (Name: First, Middle, Last of the other spouse)

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

- Fill out this form, and
- File it with your Request for Divorce.

① **Your Information:**

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

Tel. (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

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 who are:

- under 19,
- under 24 if full-time students (must live with you at least 5 months of the year), or
- any age with a permanent disability.

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

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

Employer's name: \_\_\_\_\_

Employer's address and tel. #:

\_\_\_\_\_ *street address* \_\_\_\_\_ *city* \_\_\_\_\_ *state* \_\_\_\_\_ *zip* \_\_\_\_\_ *tel #*

How much do you earn after taxes are deducted?

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

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

Source of Income	How much do you get?	Source of Income	How much do you get?
<input type="checkbox"/> 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.

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

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

	Fair Market Value	- Money still owed	=
1. Car, truck, or other vehicle			\$ _____
2. Other car, truck, or other vehicle			\$ _____
3. House, condominium, land			\$ _____
4. Other house, condominium, land			\$ _____
<b>List all bank/financial accounts below:</b>			
Bank name	Account #	Balance	
5.		\$ _____	
6.		\$ _____	
7. 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?	Who do you owe?	How much do you owe?
1.	\$ _____	4.	\$ _____
2.	\$ _____	5.	\$ _____
3.	\$ _____	6.	\$ _____

⑧ 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