

STATE OF TENNESSEE	COURT	COUNTY
COMPLAINT FOR DIVORCE		FILE No. _____ DIVISION _____
PLAINTIFF <i>(Name: First, Middle, Last)</i>		DEFENDANT <i>(Name: First, Middle, Last)</i>

STATEMENT OF FACTS
(Attach additional pages if needed.)

1. WIFE

Full Name *(First, Middle, MAIDEN, Last)*: _____
Mailing Address: _____
Telephone Numbers *(optional)*: Home: _____ Work: _____
Length of Time Wife Has Lived in Tennessee: _____
Race or Color: _____
Social Security Number: _____
Date and Place of Birth: _____
Number of Previous Marriages: _____
Active Member of the Armed Services of the United States? Yes No
Employer and Address: _____

2. HUSBAND

Full Name *(First, Middle, Last)*: _____
Mailing Address: _____
Telephone Numbers *(optional)*: Home: _____ Work: _____
Length of Time Husband Has Lived in Tennessee: _____
Race or Color: _____
Social Security Number: _____
Date and Place of Birth: _____
Number of Previous Marriages: _____
Active Member of the Armed Services of the United States? Yes No
Employer and Address: _____

3. THE MARRIAGE

Husband and wife were married on *(date)*: _____
The place of the marriage *(city or county plus state or country)* was _____
Husband and wife separated on or about *(date)*: _____
The last place husband and wife lived together was _____

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