

**CHECKLIST FOR DIVORCE PACKAGE
WITHOUT CHILDREN**

_____ PETITION OR COMPLAINT (SIGNED AND NOTARIZED BY PLAINTIFF)

_____ MARITAL DISSOLUTION AGREEMENT
(SIGNED AND NOTARIZED BY BOTH PARTIES)

_____ FINAL DECREE (SIGNED BY BOTH PARTIES)

_____ HEALTH INSURANCE NOTICE

_____ AFFIDAVIT FOR PLAINTIFF (SIGNED AND NOTARIZED)

_____ AFFIDAVIT FOR DEFENDANT (SIGNED AND NOTARIZED)

_____ SPOUSE'S PERSONAL INFORMATION SHEET

_____ INFORMATION SHEET FOR PRO SE DIVORCE

_____ DISCLAIMER

_____ DIVORCE CERTIFICATE

DIVORCES WITHOUT CHILDREN

(READ CAREFULLY)

FORMS YOU WILL NEED TO PROVIDE TO FILE:

YOU WILL NEED TO PROVIDE THESE FORMS:

- PETITION OR COMPLAINT (SIGNED AND NOTORIZED BY PLAINTIFF)
- MARITAL DISOLUTION AGREEMENT (SIGNED AND NOTORIZED BY BOTH PARTIES)
- FINAL DECREE (SIGNED BY BOTH PARTIES)

YOU CAN DOWNLOAD FORMS FREE OFF THESE WEBSITES

WWW.SELEGAL.ORG

WWW.TNCOURT.GOV/NODE/622453

THE FOLLOWING FORMS ARE ATTACHED:

- 2 AFFIDAVITS (SIGNED AND NOTORIZED BY EACH PARTY)
- DISCLAIMER
- DIVORCE CERTIFICATE
- HEALTH INSURANCE NOTICE
- PERSONAL INFORMATION SHEET

\$289.50 FILING FEE

PAID BY CASH, CHECK or CREDIT CARD

60 DAY WAITING PERIOD

FOR LEGAL QUESTIONS:

PRO BONO CLINIC:

Green House Ministries

309 S. Spring Street

Murfreesboro, TN 37130

CLERK'S OFFICE IS NOT RESPONSIBLE FOR ANY PAPERWORK THAT IS FILED INCORRECTLY!!!

IN THE CIRCUIT COURT FOR RUTHERFORD COUNTY, TENNESSEE

PLAINTIFF

vs.

CASE NO. _____

DEFENDANT

AFFIDAVIT

COMES _____, The Plaintiff in this cause, having been duly sworn, who would state to the Court as follows:

1. My name is _____, I reside at _____

2. I am a party to a divorce action filed in this cause. I have signed a Marital Dissolution Agreement on the _____ day of _____, 20_____.
3. It is my sworn testimony that I have read the Marital Dissolution Agreement, and that I believe the agreement to be fair to me and my spouse.
4. I further solemnly swear or affirm that the Marital Dissolution Agreement, which I have signed disposes of all our marital assets and all of our marital debts, which I further swear or affirm that all divisions of property and debts have already been accomplished. Any sales of property contemplated by the Marital Dissolution Agreement have been accomplished, and the assets have been divided, except where expressly stated with the Marital Dissolution Agreement. I have signed all Deeds, Titles, Bills of Sale, and other documents necessary for the transfers of my interests contemplated in the Marital Dissolution Agreement.
5. I further solemnly swear or affirm that I have, to the best of my ability attempted to reconcile the marital differences which my spouse and I have developed, and I have been unable to do so. It is my belief that our marriage is irretrievably broken.

6. I further Solemnly swear or affirm either that there have been no children born to this marriage, and none are expected, or alternatively that all children born to my spouse and me are mentally and physically competent and they have reached the age of eighteen years, and either have previously graduated from high school, or they have ceased to attend school and the members of the child's class at school have graduated. To the extent that the Marital Dissolution Agreement requires any further actions on my part, I solemnly swear or affirm that I will abide by the terms of the Marital Dissolution Agreement which I have entered. I am able to bear all financial responsibilities which I have agreed to accept.
7. I therefore ask the Court to consider the Marital Dissolution Agreement which my spouse and I have signed. I ask the Court to approve the Marital Dissolution Agreement, and to incorporate it into a Final Decree of Divorce.
8. I therefore ask the Court to conduct a hearing in my absence, and I further ask that my attorney be excused from participation at that hearing. I ask the court to consider this Affidavit, The Marital Dissolution Agreement, and the entire file in this cause, and enter an order divorcing my spouse and me.

Signature

STATE OF TENNESSEE

COUNTY OF: _____

Subscribed and sworn before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____

IN THE CIRCUIT COURT FOR RUTHERFORD COUNTY, TENNESSEE

PLAINTIFF

vs.

CASE NO. _____

DEFENDANT

AFFIDAVIT

COMES _____, The Defendant in this cause, having been duly sworn, who would state to the Court as follows:

1. My name is _____, I reside at _____

2. I am a party to a divorce action filed in this cause. I have signed a Marital Dissolution Agreement on the _____ day of _____, 20____.
3. It is my sworn testimony that I have read the Marital Dissolution Agreement, and that I believe the agreement to be fair to me and my spouse.
4. I further solemnly swear or affirm that the Marital Dissolution Agreement, which I have signed disposes of all our marital assets and all of our marital debts, which I further swear or affirm that all divisions of property and debts have already been accomplished. Any sales of property contemplated by the Marital Dissolution Agreement have been accomplished, and the assets have been divided, except where expressly stated with the Marital Dissolution Agreement. I have signed all Deeds, Titles, Bills of Sale, and other documents necessary for the transfers of my interests contemplated in the Marital Dissolution Agreement.
5. I further solemnly swear or affirm that I have, to the best of my ability attempted to reconcile the marital differences which my spouse and I have developed, and I have been unable to do so. It is my belief that our marriage is irretrievably broken.

6. I further Solemnly swear or affirm either that there have been no children born to this marriage, and none are expected, or alternatively that all children born to my spouse and me are mentally and physically competent and they have reached the age of eighteen years, and either have previously graduated from high school, or they have ceased to attend school and the members of the child's class at school have graduated. To the extent that the Marital Dissolution Agreement requires any further actions on my part, I solemnly swear or affirm that I will abide by the terms of the Marital Dissolution Agreement which I have entered. I am able to bear all financial responsibilities which I have agreed to accept.
7. I therefore ask the Court to consider the Marital Dissolution Agreement which my spouse and I have signed. I ask the Court to approve the Marital Dissolution Agreement, and to incorporate it into a Final Decree of Divorce.
8. I therefore ask the Court to conduct a hearing in my absence, and I further ask that my attorney be excused from participation at that hearing. I ask the court to consider this Affidavit, The Marital Dissolution Agreement, and the entire file in this cause, and enter an order divorcing my spouse and me.

Signature

STATE OF TENNESSEE

COUNTY OF: _____

Subscribed and sworn before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____

IN THE SIXTEENTH DISTRICT CIRCUIT COURT OF RUTHERFORD COUNTY, TN

HEALTH INSURANCE NOTICE

Case Number: _____

Plaintiff

Name: (First, Middle, Last) of Spouse Filing the Divorce

Defendant

Name: (First, Middle, Last) of the Other Spouse

You must:

- * Fill out this form completely, OR ask the person in charge of employee benefits where you work to fill it out.
- * File the copy with the Court.
- * Mail a copy to your spouse by certified mail. Keep a copy of this form for your records.

Important! Your spouse must receive this notice at least 30 days before the coverage ends.

To (Spouse's Name): _____

(Spouse's Address): _____
Street address or P.O. Box City State Zip

From (Your Name): _____

(Your Address): _____
Street address or P.O. Box City State Zip

If you do not have health insurance, check here. _____ Fill out the Certificate of Service section below, mail a copy of the form to your spouse, and file this form with the clerk's office.

If you do have health insurance, fill out the information about your health insurance policy that covers your spouse now:

Health Insurance Company: _____ Policy Number: _____

(Employee Benefits Contact Person): (Name/Phone #/Street Address/City/State/Zip)

Check one:

- ___ This policy has COBRA. That means the dependent spouse can keep the insurance after the divorce. But she/he must apply by the deadline and pay the premiums and any administrative charges. To learn more, speak to the employee benefits person listed above.
- ___ This is a group insurance policy. The dependent spouse may be able to continue coverage under TCA §56-7-2312 (d)(1). To learn more, speak to the employee benefits person listed above. The dependent spouse may also get insurance from another source.
- ___ This policy does not offer COBRA. That means the dependent spouse's coverage will end after the divorce. The dependent spouse must get other health insurance to be covered.
- ___ My spouse is not covered by my policy

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of this Health Insurance Notice was mailed to my insured spouse on: (Date) _____ . I sent it to the address listed above by certified mail.

Sign here: _____ Date (MM/DD/YYYY) _____

CIRCUIT COURT OF RUTHERFORD COUNTY

JUDICIAL BUILDING

116 WEST LYTLE STREET, ROOM 106

MURFREESBORO, TN 37130

615-898-7820

DISCLAIMER

This is an acknowledgment that I have been informed by Circuit Court Clerk personnel that they are not qualified to provide legal services or legal advice, I have further been instructed that should I have any questions about the petition/motion that I am filing, it would be in my best interest to contact an attorney.

I understand and acknowledge that I am responsible for the statements that I make in this petition/motion, and the same rules apply whether this petition/motion is filed by an attorney or by a person without legal training. Furthermore, I understand and acknowledge that my petition/motion may not be considered or may be dismissed if my filings do not meet the appropriate legal guidelines.

Filing cost and court fees are assessed and not refundable regardless of the outcome of your case.

Petitioner/Movant (Print) _____

(Signature) _____

Date: _____

IN THE SIXTEENTH DISTRICT CIRCUIT COURT OF RUTHERFORD COUNTY, TN

Spouses' Personal Information

Case Number: _____

Plaintiff

Name: (First, Middle, Last) of Spouse Filing the Divorce

Defendant

Name: (First, Middle, Last) of the Other Spouse

This form asks for the personal contact information and Social Security Number of both spouses. To protect your personal information, follow these steps:

1. Fill out this form.
2. Put the form in a sealed envelope.
3. Write this information on the envelope: Names of both spouses, and case number of your case.
4. Give it to the clerk when you file your other court forms.

Wife's Information

Name: _____

First Name Middle Name Maiden Name Last Name (now)

Address: _____

Street Address

City State Zip

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

Birth Place (State or Foreign Country): _____

Husbands Information

Name: _____

First Name Middle Name Maiden Name Last Name (now)

Address: _____

Street Address

City State Zip

Telephone Number: _____

Social Security Number: _____ Date of Birth: _____

Birth Place (State or Foreign Country): _____

CIRCUIT COURT OF RUTHERFORD COUNTY

JUDICIAL BUILDING

116 WEST LYTLE STREET, ROOM 106

MURFREESBORO, TN 37130

615-898-7820

Information Sheet For Pro Se Divorce

Plaintiff Name: _____

Phone Number: _____

Email Address: _____

Address to send copy of final decree to: _____

Defendant Name: _____

Phone Number: _____

Email Address: _____

Address to send copy of final decree to: _____

This information is needed just in case there are any questions.