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ANY SIMILARITIES TO REAL PEOPLE OR SITUATIONS ARE UNINTENTIONAL.



SHORT FORM OF STATISTICAL INFORMATION

Every question & space MUST be completed or marked as "N/A" if the information needed is not applicable in your matter.

Not filling in even *one* blank will cause your divorce to be delayed! Help move your case as fast as possible - complete everything. If you have questions, call Katie at 901-754-1340.

WIFE

Full Maiden Name:

Social Security Number:

Race (Circle One): WHITE / BLACK / HISPANIC / ASIAN / NATIVE AMERICAN / OTHER:

Residence:

Street Address

City

State

Zip Code

Length of Residence In (Circle One) Mississippi / Tennessee:

Date of Birth: / /

Place of Birth:

Number of Previous Marriages:

If married previously, how did the last marriage end? (Circle One):

By Death / By Divorce/Annulment

Member of the Armed Services of the United States (Circle One): Y / N

Employer Name:

Employer Address:

Street Address

City

State

Zip Code

HUSBAND

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Full Name:

Social Security Number:

Race (Circle One): WHITE / BLACK / HISPANIC / ASIAN / NATIVE AMERICAN / OTHER:

Residence:

Street Address

City

State

Zip Code

Length of Residence In (Circle One) Mississippi / Tennessee:

Date of Birth: / /

Place of Birth:

Number of Previous Marriages:

If married previously, how did the last marriage end? (Circle One):

By Death / By Divorce/Annulment

Member of the Armed Services of the United States (Circle One): Y / N

Employer Name:

Employer Address:

Street Address

City

State

Zip Code

Filing Party's County of Residence & Length of Residence There:

Date of Marriage:

Place of Marriage:

Date of Separation:

Place of Separation:

Person(s) responsible for payment of court costs (Circle One):

Husband / Wife / Both Parties Equally

Does either spouse provide health insurance coverage for the other?: Y / N

If yes, which spouse is the insurance provider? (Circle One):

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Husband / Wife

Insurance Company:

Policy Number:

Does the non-providing spouse need COBRA insurance?: Y / N

If yes, who is the Person/Plan Administrator at the providing spouse's employer that handles COBRA benefits?:

Person/Plan Administrator Phone Number:

Person/Plan Administrator Address:

Will the non-providing spouse secure their own insurance?: Y / N

If yes, when will the non-providing spouse secure their own insurance?:

Any children born of this marriage?: Y / N

If yes, number:

NAME	BIRTH DATE	SOCIAL SECURITY NUMBER

Addresses where the children have lived during the past five (5) years AND with whom they resided, beginning with the most recent address:

STREET ADDRESS	CITY, STATE, ZIP	WITH (Circle One):
		Mother / Father / Both
		Mother / Father / Both
		Mother / Father / Both
		Mother / Father / Both
		Mother / Father / Both
		Mother / Father / Both
		Mother / Father / Both

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Description of ANY other litigation concerning the custody of these children in this or any other state in which either party has participated or of which either party has knowledge: