

APPENDIX H

IN THE _____ COURT OF _____ COUNTY, TENNESSEE
 AT _____

_____)	
Plaintiff,)	
)	
v.)	Case No. _____
)	JUDGE: _____
_____)	
Defendant.)	

STATEMENT OF ISSUES, INCOME, AND EXPENSES
IN COMPLIANCE WITH RULE 12.02

ISSUES: The contested issues in this cause include: (check all that apply)

- _____ Grounds for Divorce
- _____ Division of Co-Parenting Time with Children
- _____ Payment of Child Support
- _____ Division of Property
- _____ Payment of Debts
- _____ Payment of Alimony
- _____ Division of Retirements or Other Assets Requiring Entry of a QDRO
- _____ Payment of Attorney's Fees
- _____ Payment of Court Costs

INCOME: It is mandatory to attach payroll records, leave earning statement from the military, or other proof of income for the past six (6) most recent pay periods. If such income information is not available, then the past two (2) years of tax returns and all schedules are required to be attached.

I. INCOME	
a. Employer's Name	
b. Employer's Address	
c. Monthly Gross Income	\$
d. Monthly Federal Tax Deduction	-\$
e. Monthly FICA Deduction	-\$
f. Other Deductions (describe)	-\$

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g. Other Income (from any source)		\$
h. Net Monthly Income (c - d - e - f + g)		\$
II. OTHER HOUSEHOLD RESIDENTS (other than minor children)		
a. Name: Relationship to Party: Net Income:	Total Net Income of Other Household Residents: \$	
b. Name: Relationship to Party: Net Income:		
III. HEALTH INSURANCE INFORMATION		
a. Provided by employer? Yes/No	If yes: Cost: \$	
b. Self-Employed/Provide Own Insurance: Yes/No	If yes: Cost: \$	
c. No Health Insurance Coverage? Yes/No		
d. List all persons covered under any existing health insurance plan:		
IV. HOUSEHOLD MONTHLY EXPENSES		
a. Mortgage (PITI)/Rent		\$
b. Real Estate Property Taxes		\$
c. Personal Property Taxes		\$
d. Homeowner's Insurance		\$
e. Repairs/Maintenance		\$
f. Furniture/Furnishings		\$
g. Electricity		\$
h. Gas/Heating Oil		\$
i. Water/Sewer		\$
j. Telephone (home phone and cell phone)		\$
k. Trash Service		\$
l. Cable/TV		\$
m. Groceries		\$
n. Meals Out		\$
o. Other (describe)		\$
	TOTAL: \$	
V. AUTOMOBILE EXPENSES		
a. Automobile Payment		\$
b. Gasoline		\$
c. Auto Repair/Maintenance		\$
d. Auto Insurance		\$
e. Tags/Inspection, etc.		\$
f. Other (describe)		\$
	TOTAL: \$	
VI. CLOTHING		
a. New (excluding children)		\$
b. Cleaning/Laundry		\$

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c. Uniforms	\$
TOTAL: \$	
VII. INSURANCE/HEALTH EXPENSES	
a. Medical/Health Care (not covered by insurance)	\$
b. Dental Expenses (not covered by insurance)	\$
c. Prescription Medications (not covered by insurance)	\$
d. Optical Expenses (not covered by insurance)	\$
e. Life Insurance	\$
f. Renter's Insurance	\$
g. Other (describe)	\$
TOTAL: \$	
VIII. MISCELLANEOUS EXPENSES	
a. Credit Cards	\$
b. Dues – Professional/Social Associations/Homeowner's Association	\$
c. Gifts	\$
d. Church/Charity	\$
e. Entertainment/Recreation	\$
f. Vacations	\$
g. Personal Grooming	\$
h. Newspapers/Publications	\$
i. Other Insurance	\$
j. Other (describe)	\$
TOTAL: \$	
IX. EXPENSES FOR CHILDREN	
a. Child Care	\$
b. School Tuition	\$
c. Lunch Money	\$
d. School Supplies	\$
e. Lessons/Sports	\$
f. New Clothing	\$
g. Personal Grooming	\$
h. Allowance	\$
i. Other (describe)	\$
TOTAL: \$	
TOTAL MONTHLY EXPENSES	\$
TOTAL NET INCOME BALANCE (subtract monthly expenses from net monthly income)	\$

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SUPPLEMENTAL INCOME STATEMENT

Name of Party Submitting this Form: _____

This page must be filled out if you:

1. Operate a business or practice a profession, or
2. Are a member of a partnership or joint venture, or
3. Are a shareholder in and are salaried by a closed corporation or similar entity.

Attach to this statement a copy of the following documents relating to the partnership, joint venture, business, professional corporation or similar entity:

1. The most recent Federal Income Tax Return; and
2. The most recent Profit and Loss Statement.

Name of Business: _____

Address of Business: _____

Telephone Number: _____

Nature of Business: (check one)

Partnership

Joint Venture

Professional

Closed Corporation

Other (describe) _____

Name of Accountant, controller, or other person in charge of financial records:

Address: _____

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Annual Income from Business: \$ _____

How often is income received? _____

Gross income per pay period: \$ _____

Net income per pay period: \$ _____

Specified Deductions, if any: _____

DECLARATION

I, _____, declare under the penalty of perjury that the above

(Print Name)

Income and Expense Statement, including all attachments, is complete, true, and correct.

Signature

State Bar No. (if any)

Address

Telephone Number

Email Address

Date

SWORN TO and SUBSCRIBED before me
this _____ day of _____, 202__.

NOTARY PUBLIC
My Commission Expires: _____

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CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the foregoing has been delivered by U.S. Mail to the following:

On this the _____ day of _____, 202 ____.

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IN THE _____ COURT FOR _____ COUNTY, TENNESSEE

AT _____

Case No. _____

Judge: _____

Plaintiff,

v.

Defendant.

STATEMENT OF ASSETS AND LIABILITIES IN COMPLIANCE WITH RULE 12.02

MARITAL ASSETS

DESCRIPTION	HUSBAND'S VALUE	WIFE'S VALUE	MONTHLY PAYMENT	NAME OF CREDITOR AND AMOUNT OF DEBT	AMOUNT OF EQUITY	CONCEDED TO WIFE	CONCEDED TO HUSBAND	DISPUTED
REAL ESTATE								
VEHICLES (including boats, RVs, motorcycles, etc.)								
BANK ACCOUNTS								
LIQUID ASSET ACCOUNTS								
RETIREMENT/401K/PENSION ACCOUNTS								

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LIFE INSURANCE						
DESCRIPTION (including policy number and issuer)	HUSBAND'S VALUE	WIFE'S VALUE	FACE VALUE	INSURED FOR THE BENEFIT OF...	CASH SURRENDER VALUE	
INVESTMENT ACCOUNTS						
BUSINESS PROPERTY						
MISCELLANEOUS PERSONAL PROPERTY						
TOTALS						

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SEPARATE PROPERTY (T.C.A. § 36-4-121(B)(2))

SEPARATE PROPERTY TO HUSBAND		
DESCRIPTION	FAIR MARKET VALUE	DATE ACQUIRED

SEPARATE PROPERTY TO WIFE		
DESCRIPTION	FAIR MARKET VALUE	DATE ACQUIRED

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MARITAL DEBT

SECURED DEBT									
CREDITOR NAME	BALANCE TO DATE	MONTHLY PAYMENT	WHO INCURRED THE DEBT? HUSBAND OR WIFE?	DATE INCURRED	PURPOSE OF DEBT	ASSUMED BY WIFE	ASSUMED BY HUSBAND	DISPUTED	
TOTAL									

UNSECURED DEBT
(including credit cards, medical bills, etc.)

CREDITOR NAME	BALANCE TO DATE	MONTHLY PAYMENT	WHO INCURRED THE DEBT? HUSBAND OR WIFE?	DATE INCURRED	PURPOSE OF DEBT	ASSUMED BY WIFE	ASSUMED BY HUSBAND	DISPUTED	
TOTAL									

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SEPARATE DEBT

SEPARATE DEBT OF WIFE			
CREDITOR NAME	BALANCE TO DATE	MONTHLY PAYMENT	PURPOSE OF DEBT

SEPARATE DEBT OF HUSBAND			
CREDITOR NAME	BALANCE TO DATE	MONTHLY PAYMENT	PURPOSE OF DEBT