

COURT/ADMINISTRATIVE AGENCY IDENTIFICATION AND CASE NUMBER

The Seventh Judicial District Chancery Court for Anderson Co., TN
 PLAINTIFF/PETITIONER

Mary Jamigan
 ADDRESS

Anderson Co., TN
 VS
 DEFENDANT/RESPONDENT

Anthony Laine
 ADDRESS
 2415 E. Taylor Street
 Phoenix, AZ 85008

FILED
 JAN 29 1991
 2:23 o'clock P.M.
 FOREST BRIDGES, Clerk & Master
 91 JUN 28 PM 12:03
 FILED
 IV-D
 NON IV-D

OTHER REFERENCE NUMBER: COMPLAINTS
 914095

UNIFORM SUPPORT PETITION

This petition of plaintiff/petitioner respectfully shows the court that:

BR 91-09225

1. This is a petition for:

- ESTABLISHMENT OF PATERNITY
- REIMBURSEMENT
- SUPPORT
- OTHER
- MEDICAL COVERAGE
- ARREARAGE

- The General Testimony for URESA is attached and incorporated by reference.
- A Paternity Affidavit is attached and incorporated by reference.

2. Mary Jamigan resides in CLINTON, ANDERSON, TN and has custody of the following dependents of defendant/respondent:

DEPENDENTS' NAMES (First MI Last)	DATE OF BIRTH (Month, Day, Year)
Tony A. Laine	10-19-77
Amanda R. Laine	09-20-78

3. Mary Jamigan and defendant/respondent were:

- Never married to each other
- Married on
- Divorce pending
- Divorced on

DATE 5-4-76

DATE Sept. 10, 1979

COUNTY AND STATE
Anderson Co., TN

Wherefore, plaintiff/petitioner requests an order for the following:

Establishment of paternity

Child support in the amount of:

AMOUNT (CHILD SUPPORT)
\$ 300.00

per MONTH, WEEK
MONTH

Spousal support in the amount of:

AMOUNT (SPOUSAL)
\$

per MONTH, WEEK

Registration and enforcement of the current support order

Medical coverage

Arrearage in the amount of:

ARREARAGE AMOUNT
\$

as of DATE

Reimbursement in the amount of:

REIMBURSEMENT AMOUNT
\$ 11,489.00

as of DATE
11-90

Payment of costs and attorneys' fees by the defendant/respondent. (see instructions)

Other:

RESPONDENT IS ORDERED TO PROVIDE MEDICAL INSURANCE BY THE ORDER DATED 8/10/79 (ATTACHED) ENFORCEMENT IS REQUESTED.

Under penalties of perjury, all information and facts stated in this petition are true to the best of my knowledge and belief.

DATE: 11-21-90
SIGNATURE OF PLAINTIFF/PETITIONER OR REPRESENTATIVE: X Mary Garnigan

SWORN TO AND SIGNED BEFORE ME THIS DATE: 11-21-90
NOTARY PUBLIC: Cynthia H. Bardell
COMMISSION EXPIRES: 2-22-94

UNIFORM SUPPORT PETITION

CASE NUMBER

4. Defendant/respondent resides in:

CITY, COUNTY, STATE <i>Phoenix, AZ</i>
NAME, ADDRESS

Defendant/respondent's last known employer is:

5. The dependents are entitled to support and/or medical coverage from the defendant/respondent, who has a legal obligation to pay support pursuant to the laws of the initiating jurisdiction, which is enforceable under the reciprocal support statute which is:

REFERENCE *TENN Code Ann: 36-5-201*

The responding state may obtain jurisdiction of defendant/respondent and/or his property.

6. Since on or about *7-78* defendant/respondent has refused or neglected to provide reasonable support for the above named dependents.

7. Defendant/respondent:

a. is under a court order to provide support pursuant to:

original Divorce decree

other support order or agreement

failure to comply with the support order has resulted in an arrearage of:

b. is not under a court order to provide support however (name) *State of TN* is entitled to reimbursement as stated in the testimony attached and incorporated by reference, in the amount of:

c. should pay a reasonable amount of ongoing support for the dependents which is: or greater amount as permitted by the law of the responding state.

d. Other special pleading:

Provide medical insurance

DATED

NOTE: A CERTIFIED COPY OF THE CURRENT ORDER IS ATTACHED AND INCORPORATED BY REFERENCE.

ARREARAGE AMOUNT
\$

as of DATE

PRINCIPAL ONLY

INCLUDES INTEREST

REIMBURSEMENT AMOUNT
\$ *11,489.00*

as of DATE
11-90

AMOUNT (CHILD SUPPORT)
\$ *300.00*

per MONTH, WEEK
mo

AMOUNT (SPOUSAL)
\$

per MONTH, WEEK

8. (name) *Mary Jorigan*

has made an assignment of rights; and/or

has given authority to the following agency to collect support for the above named dependents.

NAME & ADDRESS OF AGENCY

JOYCE, MEREDITH & FLITCROFT
CHILD SUPPORT ENFORCEMENT DIVISION
P. O. BOX 3445
OAK RIDGE, TN 37831-3445