



IN THE CIRCUIT COURT OF TENNESSEE  
FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

## COST ASSESSMENT INFORMATION SHEET

Docket ID  Division

Plaintiff's Name:  Plaintiff's SSN: XXX-XX-

Address:

City:  State:  Zip Code:

Plaintiff's Employer:

Employer's Address:

Employer Phone Number:  Banking Information:

Defendant's Name:  Defendant's SSN: XXX-XX-

Address:

City:  State:  Zip Code:

Defendant's Employer:

Employer's Address:

Employer Phone Number:  Banking Information:

Witness's Name:

Address:

Witness's Name:

Address:

Cost Assessed Against:  Date: