

CHECKLIST

DATE OF INITIAL INTERVIEW: _____

ATTORNEY: Brian J. McNamara

PETITIONER: **Full Legal Name** _____
 Maiden Name _____
 Home Address _____
 Home/Cell Phone _____
 E-Mail _____
 Employer _____
 Business Address _____
 Business Phone No. _____
 Salary - Income _____
 Birth Date _____ Birth Place _____
 Social Security No. _____
 Driver License No. and State Issued _____
 County of Residence _____
 Ethnicity _____

RESPONDENT: **Full Legal Name** _____
 Maiden Name _____
 Home Address _____
 Home/Cell Phone _____
 E-Mail _____
 Employer _____
 Business Address _____
 Business Phone No. _____
 Salary - Income _____
 Birth Date _____ Birth Place _____
 Social Security No. _____
 Driver License No. and State issued _____
 County of Residence _____
 Ethnicity _____

DISCOVERY LEVEL Level 1 _____ Level 2 _____ Level 3 _____

JURISDICTION

- A. Petitioner's Residence: 90 day county, 6 months state
- B. Resident, Out-of-State: Military 6 months in military service
- C. Military Personnel: 3 months county, 6 months state
- D. Suit by Non-Resident Spouse: Spouse is resident for last 6 months in state

CHECKLIST

TEMPORARY ORDERS: Yes _____ No _____

- | | | | |
|---------------------------|-------|----------------------------|-------|
| 1. Conservatorship | _____ | 7. Execution of Releases | _____ |
| 2. Social Study | _____ | 8. Interim Attorney's Fees | _____ |
| 3. Psychiatric Evaluation | _____ | 9. Pretrial Conference | _____ |
| 4. Spousal Support | _____ | 10. Child Support | _____ |
| 5. ADR Participation | _____ | 11. Health Insurance | _____ |
| 6. Tax Returns | _____ | | |

SERVICE

- A. Personal at home or work
- B. Non-resident service
- C. Publication - residence unknown
- D. Publication - outside United States
- E. Waiver to be secured:
 - 1. Mail to Respondent? _____
 - 2. Petitioner to deliver? _____

GROUND

Date Married _____ City/County _____

Date Separated _____

- | | |
|----------------------|-----------------------------------|
| A. Insupportability | E. Abandonment |
| B. Cruelty | F. Living Apart |
| C. Adultery | G. Confinement in Mental Hospital |
| D. Felony Conviction | |

CUSTODY AND SUPPORT OF CHILDREN

Full Legal Name: _____

Gender: _____

Birth Date: _____

Birth City/County: _____

Age: _____

SS #: _____

County/
Residence
Current Custody:
Desired Custody:
Support paid by?

Full Legal Name:

Gender:
Birth Date:
Birth City/County:
Age:
SS #:
County/
Residence
Current Custody:
Desired Custody:
Support paid by?

Full Legal Name:

Gender:
Birth Date:
Birth City/County:
Age:
SS #:
County/
Residence
Current Custody:
Desired Custody:
Support paid by?

Full Legal Name:

Gender:
Birth Date:
Birth City/County:
Age:
SS #:
County/
Residence
Current Custody:
Desired Custody:
Support paid by?

- A. No Children
- B. Custody and Support of Children
- C. Temporary Possession, Custody and Support of Children
- D. Temporary Support of Petitioner
- E. Agreed Support and Custody
- F. Custodial Care
- G. Juvenile Investigation

CUSTODY TO BE WITH: Petitioner/Respondent Other _____

Child Support: \$ _____ per week per child; or
 \$ _____ per month

Temporary Support of Petitioner: \$ _____ per month.

DIVISION OF PROPERTY

- A. No community property.
- B. Request for Division by Court
- C. Request for Division by Court (alternate w/property specified)
- D. Request for Division by Court (alternate w/equities favoring Petitioner)
- E. Agreed Property Settlement (including contractual alimony)
- F. Setting aside house
- G. Pension and Retirement benefits
- H. Inventory and Appraisal
- I. Tax Liability and Refunds
- J. Income Tax Exemption for Children
- K. Income Tax Exemption for Children (alternate)

INJUNCTIVE RELIEF

- A. Violence B. Property C. Temporary Restraining Order
1. Contacting
 2. Going around home or business
 3. Embarrassing
 4. Possession of home
 5. Interference with children
 6. Community property
 7. Separate property of Petitioner
 8. Separate property of Respondent

- 9. Incurring indebtedness
- 10. Mortgaging
- 11. Withdrawal of funds
- 12. Disposing of funds

RECEIVERSHIP?

YES

NO

RESTORATION OF FORMER NAME?

YES

NO

Name to be changed to: _____

DO YOU HAVE A WILL?

YES

NO

DO YOU WANT A WILL?

YES

NO

(Initial Your Choice)

EXHIBIT 1

CHILDREN'S MEDICAL HEALTH & DENTAL INSURANCE DISCLOSURE

1. Health insurance for the children the subject of this suit is currently in effect. The insurance company providing coverage for the children is _____, Policy number: _____.
2. Dental insurance for the children the subject of this suit is currently in effect. The insurance company providing coverage for the children is _____, Policy number: _____.
3. _____ is the parent responsible for payment of the insurance premium for the coverage.
4. The coverage is provided through _____'s employment with _____.
5. The cost of the monthly premium for coverage currently is:
Total Premium: \$ _____
Employee Only Premium: \$ _____
Additional Premium
For Children's Health Ins.: \$ _____
Additional Premium
For Children's Dental Ins.: \$ _____
6. _____ Father has access to health insurance for the children at a
Yes No reasonable cost.
7. _____ Mother has access to health insurance for the children at a
Yes No reasonable cost.
8. _____ Father has access to dental insurance for the children at a
Yes No reasonable cost.
9. _____ Mother has access to dental insurance for the children at a
Yes No reasonable cost.

Signature _____