

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? _____

F. Make, Model, & Color of Spouse's Vehicle _____

G. Make, Model & Color of Your Vehicle _____

GROUNDS

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

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. _____
Yes No _____
 Father has access to health insurance for the children at a reasonable cost.

7. _____
Yes No _____
 Mother has access to health insurance for the children at a reasonable cost.

8. _____
Yes No _____
 Father has access to dental insurance for the children at a reasonable cost.

9. _____
Yes No _____
 Mother has access to dental insurance for the children at a reasonable cost.

Signature _____