

**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 \_\_\_\_\_  
\_\_\_\_\_

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**GROUND**S

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 |                                   |

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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)



**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 \_\_\_\_\_