CHECKLIST

DATE OF INITIAL INTERVIEW: _____

PETITIONER: **Full Legal Name** _____
Maiden Name _____
Full 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 _____
Full 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 ____

Estimated marital estate (community & separate): $_____

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

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? _____

Birth Cert: **Please provide a certified copy of this child's birth certificate.**

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

Birth Cert: **Please provide a certified copy of this child's birth certificate.**

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

Birth Cert: **Please provide a certified copy of this child's birth certificate.**

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

Birth Cert: **Please provide a certified copy of this child's birth certificate.**

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: $ _____ per month.

Name of receiving party: _____

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

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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)

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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 _____ Date _____

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