

IN THE DISTRICT COURT OF EL PASO COUNTY
_____ JUDICIAL DISTRICT COURT

In the Matter of _____

§

§

and

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And in the Interest of:

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Cause No.: _____

CASE SCREENING INSTRUMENT

Instructions:

This form MUST be completed and filed with any Initial Pleading filed in the Family District Courts.

Failure to comply with completing this Instrument will prevent the case from receiving a hearing date from the Court Coordinator.

CHECK ALL THAT APPLY:

1. PRIOR RELATED CASES:

		Pending	Yes	No
<input type="checkbox"/> Marriage Dissolution	Cause No. _____	___	___	___
<input type="checkbox"/> Child Support (AG)	Cause No. _____	___	___	___
<input type="checkbox"/> Protective Orders	Cause No. _____	___	___	___
<input type="checkbox"/> SAPCR	Cause No. _____	___	___	___
<input type="checkbox"/> Writs	Cause No. _____	___	___	___
<input type="checkbox"/> CPS	Cause No. _____	___	___	___
<input type="checkbox"/> Other _____	Cause No. _____	___	___	___

CHECK ALL THAT APPLY TO THE CURRENT FILING:

2. TYPE OF PROCEEDING:

<input type="checkbox"/> Dissolution of Marriage	<input type="checkbox"/> SAPCR	<input type="checkbox"/> Child Abuse/Neglect
<input type="checkbox"/> Divorce	<input type="checkbox"/> Paternity	
<input type="checkbox"/> Annulment	<input type="checkbox"/> Child Support	<input type="checkbox"/> IVD Child Support
<input type="checkbox"/> Post-Decree Proceedings	<input type="checkbox"/> Modification	
<input type="checkbox"/> Protective Order	<input type="checkbox"/> Grandparent Access	
<input type="checkbox"/> Change of Name	<input type="checkbox"/> Enforcement	
<input type="checkbox"/> Other	<input type="checkbox"/> Access/Visitation	
	<input type="checkbox"/> TPR/Adoption	

CHECK ALL THAT APPLY:

3. DISPUTED ISSUES:

- | | |
|--|--|
| <input type="checkbox"/> Custody | <input type="checkbox"/> Property |
| <input type="checkbox"/> Access/Visitation | <input type="checkbox"/> Tracing |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Torts | <input type="checkbox"/> Disproportionate Division |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sale of Real Estate |
| <input type="checkbox"/> Spousal Maintenance | <input type="checkbox"/> Business Valuation |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Division of Property/Debt |
| | <input type="checkbox"/> Separate Property |

4. **CASE IS EXPECTED TO BE UNCONTESTED AND WILL BE PRESENTED ON THE UNCONTESTED DOCKET.**

5. INTERPRETER/SPECIAL ACCOMMODATIONS REQUEST

Will an interpreter be required for hearings scheduled in this matter? _____ Yes _____ No

Other accommodations _____

6. CERTIFICATION

I hereby certify that the aforementioned information is true and correct to the best of my knowledge.

Signed the _____ of _____, 20__

Attorney for Petitioner / Pro Se

Print Name

FAILURE TO COMPLY WITH THIS REQUIREMENT MAY RESULT IN THE IMPOSITION OF SANCTIONS BY THE COURT.