

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

In the Matter of _____

_____ and _____

And In the Interest of: _____

§
§
§
§
§
§
§
§

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

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 ACCOMODATIONS 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/Domestic Relations Office

Print Name

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