

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

In the Matter of _____ §
 _____ §
 And _____ §
 _____ § Cause No.: _____
 And in the Interest of: _____ §
 _____ §
 _____ §

CASE SCREENING INSTRUMENT

Instructions:

This form **MUST** be completed in its entirety and filed with any Initial Pleading 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 ACCOMODATIONS REQUEST

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

Other accommodations: _____

6. **MILITARY SERVICE** _____ Yes _____ No

- | | | | |
|--------------------------------------|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Veteran | | |
| <input type="checkbox"/> U.S. Army | <input type="checkbox"/> U.S. Air Force | <input type="checkbox"/> U.S. Navy | <input type="checkbox"/> U.S. Marines |

7. 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.