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MEDIATOR



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Disputed Issues Checklist With Children
(Attach additional sheet if necessary)

Cause Number: _____

Name of party: _____

Name of attorney: _____

Phone Number for attorney: _____

1. **Date of marriage:** _____ **Date of separation:** _____

Place of marriage: _____ ceremonial common law

2. **Name, age, and sex of each child:**

Name: _____

Name: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Name: _____

Name: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

Name: _____

Name: _____

Age: _____ Sex: _____

Age: _____ Sex: _____

3. **Stipulations and agreements:** _____

4. **Please place an "x" by each matter in dispute:**

- | | |
|---|---|
| <input type="checkbox"/> residency requirements | <input type="checkbox"/> persons with possession of or access |
| <input type="checkbox"/> jurisdiction | <input type="checkbox"/> to children (e.g., grandparents, |
| <input type="checkbox"/> existence of marriage | <input type="checkbox"/> military duty) |
| <input type="checkbox"/> grounds for divorce | <input type="checkbox"/> parental rights and duties |
| <input type="checkbox"/> parentage | <input type="checkbox"/> residence restrictions |
| <input type="checkbox"/> type of conservatorship | <input type="checkbox"/> parenting times |
| <input type="checkbox"/> pickup and return of children | <input type="checkbox"/> alimony |
| <input type="checkbox"/> methods/costs of travel | <input type="checkbox"/> spousal maintenance |
| <input type="checkbox"/> international travel | <input type="checkbox"/> judgment and liens to adjust |
| <input type="checkbox"/> child support | <input type="checkbox"/> property division |
| <input type="checkbox"/> adjustments to child support | <input type="checkbox"/> delivery of property |
| <input type="checkbox"/> income withholding | <input type="checkbox"/> tax matters |
| <input type="checkbox"/> health insurance | <input type="checkbox"/> release of claims |
| <input type="checkbox"/> tax exemptions for children | <input type="checkbox"/> indemnification provisions |
| <input type="checkbox"/> uninsured health-care expenses | <input type="checkbox"/> omitted or undisclosed asset |
| <input type="checkbox"/> child support binding on estate | <input type="checkbox"/> provisions |
| <input type="checkbox"/> notice of medical treatment | <input type="checkbox"/> permanent injunctions |
| <input type="checkbox"/> control of property of children | <input type="checkbox"/> signing of documents |
| <input type="checkbox"/> life insurance to secure child support | <input type="checkbox"/> attorney's fees and liens |
| <input type="checkbox"/> division of property | <input type="checkbox"/> settlement of future disputes |
| <input type="checkbox"/> allocation of liabilities | <input type="checkbox"/> confidentiality/sealing records |
| <input type="checkbox"/> separate property | <input type="checkbox"/> discovery retention |
| <input type="checkbox"/> reimbursement | <input type="checkbox"/> other _____ |

5. **If property is in dispute, each party must bring a complete list of all household items to be divided showing which items he or she wants, the value of each item, and who currently possesses each item.**

6. **If either party owns an interest in a defined benefit or defined contribution plan, please obtain the information and documentation listed in Retirement Benefits Checklist included in this packet.**