

In re the marriage of:

PRE-TRIAL ORDER

\_\_\_\_\_  
Petitioner,  
and  
\_\_\_\_\_  
Respondent

Court File # : \_\_\_\_\_  
Date of Pre-Trial: \_\_\_\_\_  
Court Commissioner: \_\_\_\_\_  
Judge: \_\_\_\_\_

1. APPEARANCES

- a. Petitioner: Yes [ ] No [ ]
b. Respondent: Yes [ ] No [ ]
c. Petitioner's Attorney : \_\_\_\_\_
d. Respondent's Attorney: \_\_\_\_\_
e. Guardian ad litem: \_\_\_\_\_

2. STIPULATED VALUES

- a. Homestead \$ \_\_\_\_\_
b. Other real estate \$ \_\_\_\_\_
c. Household furniture:
Petitioner: \$ \_\_\_\_\_
Respondent: \$ \_\_\_\_\_
d. Vehicles Year & Make
Petitioner: \$ \_\_\_\_\_
Respondent: \$ \_\_\_\_\_

3. APPRAISALS

- a. [ ] Real Estate
Petitioner/Respondent shall designate and contact appraiser within \_\_\_\_\_ days and furnish opposing counsel with a copy of the appraisal within 10 days of receipt.
b. [ ] Household Furniture and Furnishings
Petitioner/Respondent shall designate and contact appraiser within \_\_\_\_\_ days and furnish opposing counsel with a copy of the appraisal within 10 days of receipt.
c. [ ] Vehicles
Petitioner/Respondent shall designate and contact appraiser within \_\_\_\_\_ days and furnish opposing counsel with a copy of the appraisal within 10 days of receipt.
d. [ ] Other

4. ASSETS NOT SUBJECT TO DIVISION: \_\_\_\_\_

**5. DESIGNATION OF EXPERT WITNESS**

- a. Petitioner by: \_\_\_\_\_
- b. Respondent by: \_\_\_\_\_
- c. Rebuttal Witnesses by: \_\_\_\_\_
- d. Petitioner/Respondent shall provide report by expert to opposing counsel by: \_\_\_\_\_

**6. MISCELLANEOUS**

- a. Petitioner/Respondent shall submit to an independent medical examination by Petitioner's/Respondent's designated physician which shall be scheduled and completed within \_\_\_\_ days. Petitioner/Respondent shall provide opposing counsel with a copy of said report within 10 days of receipt.
- b. Petitioner/Respondent shall file a financial disclosure statement within \_\_\_\_ days.
- c. Petitioner/Respondent shall execute an authorization to be provided to opposing counsel for disclosure of the following information:
  - (1)  Wage information (SUB pay, TRA, sick pay, unemployment compensation, workers comp., other income)
  - (2)  Pension/Profit sharing
  - (3)  Life insurance
  - (4)  Savings account, checking, account, credit union and safety deposit box.
  - (5)  Social security benefits
  - (6)  Group life and/or health insurance
  - (7)  Hospital records
  - (8)  Medical and dental informaion
  - (9)  Debt information
  - (10)  Income tax returns
- d. All information obtained by use of the above authorizations shall be provided to opposing counsel within 10 days.
- e.  The clerk is ordered to schedule a \_\_\_\_\_ day trial and send notice to all parties.
- f.  Counsel is ordered to provide a copy of this order to his client within five days.
- g.  The Clerk shall reschedule this matter for further pre-trial and/or status conference in approximately \_\_\_\_\_ days and send notice to all parties.
- h.  Petitioner/Respondent shall appear on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, to show cause why he/she should not be found in contempt and/or ordered to pay attorneys fees and costs for failing to abide by the orders of the Court and/or for failing to appear as ordered.
- i. Next court date scheduled is \_\_\_\_\_.

**7. ISSUES**

	<i>Equal</i>	<i>Unequal</i>	<i>Yes</i>	<i>No</i>		<i>Yes</i>	<i>No</i>
a. Property Division	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Paternity	<input type="checkbox"/>	<input type="checkbox"/>
b. Maintenance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	h. Arrearage	<input type="checkbox"/>	<input type="checkbox"/>
		Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	i. Primary Physical Placement	<input type="checkbox"/>	<input type="checkbox"/>
c. Child Support			<input type="checkbox"/>	<input type="checkbox"/>	j. Secondary Physical Placement	<input type="checkbox"/>	<input type="checkbox"/>
d. Family Support			<input type="checkbox"/>	<input type="checkbox"/>	k. Custody	<input type="checkbox"/>	<input type="checkbox"/>
e. Attorneys fees			<input type="checkbox"/>	<input type="checkbox"/>	l. Guardian ad Litem fees	<input type="checkbox"/>	<input type="checkbox"/>
f. Debt allocation			<input type="checkbox"/>	<input type="checkbox"/>	m. Mediation fees	<input type="checkbox"/>	<input type="checkbox"/>

Agency: \_\_\_\_\_

**8. OTHER ORDERS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_**