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**CASE PREPARATION WORKSHEET**

Introduction: This form is to assist you in completing a personal history and list of witnesses for our use in depositions, hearings or trial which may be scheduled in your case.

**PERSONAL HISTORY**

1. Courtship
2. Where did you meet? How did you meet?
3. If married, how long did you date prior to marriage?
4. If not married, how long did you date prior to having a child?
5. Three to six months prior to marriage/birth of child, what happened?
6. Supportive of pregnancy?
7. Attentive to needs of pre-natal care?
8. History of marriage/relationship in 5-year increments.
9. 0-5 Years
10. 6-10 Years
11. Etc.
12. Last two years (with more detail devoted to these last few years)
13. Your work history: current job title, salary, bonuses and deferred compensation/benefits
14. Spouse’s/Opposing Co-parent’s work history: current job title, salary, bonuses and deferred compensation/benefits
15. Differences in perspective with spouse: religious, parenting, discipline
16. When was the last time that your relationship was good? When did the breakdown happen?
17. Friends
18. Please list your friends, including names and telephone numbers (up to 5 names)
19. Your spouse’s friends, including names and telephone numbers, if known
20. Describe your social life (i.e. active and/or inactive)
21. Skeletons in your closet (including items your ex-spouse/opposing co-parent may not know)
	1. Use of illegal drugs or alcohol currently? In the past?
	2. Ever attended rehab? If so, when?
	3. CPS intervention? If so, when?
	4. Affairs? If so, when?
	5. Psychiatric diagnosis/commitment to psych facilities? When?
22. Pre-marriage/Pre-relationship
23. Highest level of education?
24. Prior marriage? Prior children?
25. Employment prior to this marriage?
26. Parenting Skills
27. Your own best and worst parenting traits
28. Spouse’s/opposing c0- parent’s best and worst parenting traits
29. Any special needs or concerns about children
30. How did you and your spouse divide parenting duties (bathing, doctors, dressing, feeding)?
31. Which activities did you participate in with your child?

**FAVORABLE WITNESSES**

1. Make a list of favorable witnesses for hearings/trial; for each one, give the following info:
2. Name
3. Telephone number: home or work
4. Address at home and at work
5. Knowledge of the case
6. Relationship to you (friend, relative, neighbor, etc.)
7. Professional witnesses
8. Experts
9. Doctors
10. Psychologists
11. Psychiatrists
12. Lawyers
13. Ministers
14. Professionals involved in children’s lives
15. Neighbors who have seen interaction with your spouse in a favorable light, and/or who have seen your positive parenting traits
16. Friends and/or acquaintances who have seen you interact with your children day-to-day
17. Friends and/or acquaintances, including social or business friends, who can testify as to your character, reputation and abilities
18. Family members who have seen your parenting skills as they relate to your children; who have seen your home in a positive, functioning manner; and who have seen your spouse regarding the same
19. School teachers, counselors, or other faculty of the children’s school(s) who are aware of your positive parenting skills, support, and participation with the children.

**ADVERSE WITNESSES**

Make a list of any and all adverse/problem witnesses whom you believe your spouse will call to testify against you. Please use the same categories as those listed above and supply information for each witness who could testify regarding any detrimental fact against you (parenting, character, professional, etc.).

1. Neighbors who have seen interaction with your spouse in a negative light, and/or who have seen your negative parenting traits
2. Friends and/or acquaintances who have seen you interact with your negative behaviors/parenting traits
3. Friends and/or acquaintances, including social or business friends, who can offer negative testify as to your character, reputation and abilities
4. Family members (including family of your spouse/opposing co-parent) who have seen your negative parenting traits; who have seen your home in a negative, dysfunctional manner; and who have seen your spouse regarding the same
5. School teachers, counselors, or other faculty of the children’s school(s) who are aware of your negative parenting traits and/or lack of support/ participation with the children.