Date:

30 DAY JOINT COMPLIANCE WORKSHEET

CASE STYLE:	and	
Petitioner	Respondent	
CASE NUMBER: Related Case Number:	Filing Date: Service Date:	
Attorney for Petitioner (or Petitioner, if Pro Se) (name & address)	Attorney for Respondent (or Petitioner, if Pro Se) (name & address)	
TELEPHONE NUMBER: ()	TELEPHONE NUMBER: ()	
TYPE OF CASE: Divorce Legitimation Paternity Divorce with Children Visitation Custody Child Support Separate Maintenance Modification		
CASES WITH CHILDREN:	No. of Children involved:	
<u>Names</u>	Gender Date of Birth	
ISSUES REGARDING THE CHILDREN: Petitioner is seeking the following: □ Legal Custody: □Sole or □Joint Respondent is seeking the following: □ Legal Custody: □Sole or □Joint		
□ Physical Custody: □Sole or □Joint □ Visitation □ Child support: □Direct or □Through Child Support Registry □ Other:	□ Physical Custody: □Sole or □Joint □ Visitation □ Child support: □Direct or □Through Child Support Registry □ Other:	

Have the parties attended the Children of Divorce Seminar? (Check if they have) □ Petitioner □ Respondent ISSUES INVOLVING DIVORCE: Date of Marriage: Date of Separation: Date of Divorce: REQUEST FOR SERVICES FOR PARTIES: ☐ APPOINT Guardian ad Litem OR **□** TO BE DETERMINED ☐ The parties agree to use the following Guardian ad Litem: (name, address, and telephone number of guardian) ☐ The parties prefer a Court Appointed Guardian ad Litem. The expense will be borne by: □ Petitioner □ Respondent □ Both parties Equally □ To be determined □ MEDIATION OR **□** TO BE DETERMINED ☐ The parties agree to use the following private mediator: : (name, address, and telephone number of mediator) The expense will be borne by: □ Petitioner □ Respondent □ Both parties Equally □ To be determined ☐ The parties prefer to attend Court Sponsored Mediation COOPERATIVE PARENTING OR **□** TO BE DETERMINED CHILDREN'S DIVORCE SUPPORT GROUP OR **□** TO BE DETERMINED □ PSYCHOLOGICAL EVALUATION OR **□** TO BE DETERMINED □ By Dr. _____ of Fulton County Family Division □ By a Doctor chosen by the parties: (name, address, and telephone number of psychologist) ☐ The Parties each choose a doctor and that doctor then chooses the psychologist. The expense will be borne by: □ Petitioner □ Respondent □ Both parties Equally □ To be determined LATE CASE EVALUATION OR **□** TO BE DETERMINED SUBSTANCE ABUSE TESTING AN/OR COUNSELING □ TO BE DETERMINED OR The expense will be borne by: □ Petitioner □ Respondent □ Both parties Equally □ To be determined OTHER THESE REQUESTS MUST BE COMPLETED BY THE CONCLUSION OF THE 60-DAY STATUS CONFERENCE, UNLESS FOR GOOD CAUSE SHOWN.