

**IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF BENTON**

In the Matter of _____,
_____,
Petitioner,
and
_____,
Respondent.

Case No. _____

**DOMESTIC RELATIONS
CASE SCHEDULING REPORT**

The completed case scheduling report must be submitted to Judge Williams' Judicial Assistant Tracy Horn by 5:00 p.m. on the date due. The report may be submitted by e-mail at BentonLAWscheduling@ojd.state.or.us, by fax at (541) 766-6649, by mail at Benton County Circuit Court, Attn. Tracy Horn, P.O. Box 1870, Corvallis, OR 97339-1870, or in person. If the Court does not receive your report by the date it is due, your case schedule will be determined by the Court.

| Which of the following issues are in dispute? | | |
|--|------------------------------|-----------------------------|
| 1. Child custody | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Parenting time | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Substantial personal property | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Substantial debts | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Real property | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Child support | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Spousal support | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Inheritance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Business ownership (other than stock in publicly held corporation) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Other significant or complex asset valuations or tracing of assets | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Extraordinarily high degree of conflict between the parties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Pending dependency case involving children of the parties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Pending criminal case involving any of the parties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Intervening parties | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Other complex legal issues | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Attorneys fees | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. What is the likelihood the case will settle? | % | |

| | |
|------------------|--|
| | |
| Party name | |
| Attorney name | |
| OSB # | |
| E-mail address | |
| Telephone number | |
| Fax number | |
| Mailing address | |

Dated this ____ day of _____, 20____.

 Attorney for _____
 OSB # _____