



Texas State Council

Review of Suspension Request

Council Number _____
 Council Location _____
 Council Diocese _____
 Date: _____

Council Grand Knight _____
 Council Financial Secretary _____
 Council Retention Chairman _____
 District Deputy _____

Yes	No	Don't Know	DESCRIPTION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the Council current with its Supreme Per Capita (not on suspension)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the Service Program Personnel Report (Form 365) received by Supreme and State?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Was the Retention Chairman identified on the report? (Supreme will reject the report if no Retention Chairman identified)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Were the last two Semiannual Council Audit Reports (Form 1295) received by the Supreme Council and State?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Did the last audit report list the number of delinquent members & amount in arrears?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Was the Texas Membership Conservation Report submitted to the State Retention Chairman?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Was personal contact with the member(s) verified? (Additional documentation may be required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Was the Notice of Intent to Retain report sent to Supreme with copies to the State Retention Chairman and Council Insurance Field Agent?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Were the Texas Proper Billing Procedures followed correctly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Was the member(s) offered amnesty or a Disability Waiver?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Does the member(s) meet requirements for Honorary or Honorary Life Membership?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Has the council suspended other members this fraternal year? How many? <input style="width: 50px;" type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Has the council recruited new members this fraternal year? How many? <input style="width: 50px;" type="text"/>
			21. Other _____