



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 _____