

# Texas State Council

## Review of Suspension Request

### Purpose and Necessity

This form is to be used by the District Deputies (or councils) to assist them in making sure that all the efforts have been done to follow and comply with the *Texas Proper Billing Procedures*. It is for DD and Council use only – do not submit to State.



## Texas State Council

### Review of Suspension Request

Council Number _____	Council Grand Knight _____
Council Location _____	Council Financial Secretary _____
Council Diocese _____	Council Retention Chairman _____
Date: _____	District Deputy _____

	Yes	No	Don't Know	
	<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 <i>Service Program Personnel Report (Form 365)</i> 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 <i>Semiannual Council Audit Reports (Form 1295)</i> 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 <i>Texas Membership Conservation Report</i> 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 <i>Notice of Intent to Retain</i> 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 <i>Texas Proper Billing Procedures</i> 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 _____			

**Demographic  
Information**

**Administrative  
Issues**

**Member Contact  
Information**

**Submission  
Check List**

**Fraternal  
Consideration**

**Retention &  
Recruitment**