

FORM 1
INCOME AND EXPENSE STATEMENT OF

Social Security Number

1. INCOME

A. Name and address of employer

Gross Wages, Salary and Commission per Pay Period.

\$ _____

PAY PERIOD: _____ Weekly _____ Bi-Weekly _____ Semi-Monthly _____ Monthly

B. Additional Gross Income from Rentals, Dividends and Business Enterprises, Social Security, AFDC, VA Benefits, Pensions, Annuities, Bonuses, commissions and all other sources (give monthly average and list sources of income):

\$ _____

Average Monthly Gross Total (Wages, Salary, Commission & Additional Income)

\$ _____

C. Your share of the gross income on last year's Federal Income Tax Return: \$ _____

2. Actual or estimates expenses required to maintain previous standard of living stated on a MONTHLY average: (If estimated, designate by adding AE@ behind the amount)

A. Rent or mortgage payments \$ _____

B. Utilities

1. Gas \$ _____

2. Water \$ _____

3. Electricity \$ _____

4. Telephone \$ _____

5. Trash Service \$ _____

\$ _____

C. Automobiles

1. Gas and Oil \$ _____

2. Maintenance (routine) \$ _____

3. Taxes and Licenses \$ _____

4. Payment on Auto Loan \$ _____

\$ _____

D. Insurance

1. Life \$ _____

2. Health and Accident	\$ _____	
3. Disability	\$ _____	
4. Homeowners	\$ _____	
5. Automobile	\$ _____	\$ _____

E. Total payment on Installment Contracts \$ _____

F. Child Support Paid to Others for Children not in your Custody \$ _____

G. Maintenance or Alimony \$ _____

H. Church and Charitable Contributions \$ _____

I. Other Living Expenses \$ _____

	For You	For Children	
1. Food	\$ _____	\$ _____	
2. Clothing	\$ _____	\$ _____	
3. Medical Care	\$ _____	\$ _____	
4. Prescription Drugs	\$ _____	\$ _____	
5. Dental Care	\$ _____	\$ _____	
6. Recreation	\$ _____	\$ _____	
7. Laundry and Cleaning	\$ _____	\$ _____	
8. Barber Shop	\$ _____	\$ _____	
9. Beauty Shop	\$ _____	\$ _____	
10. School and Books	\$ _____	\$ _____	
11. Extracurricular activities	\$ _____	\$ _____	
	\$ _____	\$ _____	\$ _____

J. Day Care or Babysitter (Name and address of day care provider or babysitter and amount) \$ _____

K. All other expenses not presently identified
(give as a Monthly average)

1. Sundries	\$ _____	
2. Reading material & TV	\$ _____	
3. Gifts	\$ _____	
4. Home Maintenance	\$ _____	\$ _____

TOTAL AVERAGE MONTHLY EXPENSES \$ _____

STATE OF MISSOURI)
)ss.
County of _____)

Comes now _____, ("Affiant") being duly sworn on oath states that Affiant has read the forgoing State of Income and Expenses, and the answers given therein are true to the best of the Affiant's knowledge and belief.

Affiant

Subscribed and sworn to before me on this

(Date)

Notary Public

My Commission Expires:

FORM 2

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

In Re The Marriage Of:)
)
)
 Petitioner,)
)
vs) **Case No.**
)
 Respondent.)

STATEMENT OF MARITAL AND NON-MARITAL ASSETS
AND DEBTS OF PETITIONER/RESPONDENT
SOCIAL SECURITY NUMBER:

Instructions: This form must be completed in full. If additional space is required, add a page indicating the section number and supply all information requested. Show only dollar amounts, rounding to the nearest dollar. STATEMENT IS TO BE CURRENT WITHIN 15 DAYS OF HEARING. Failure to submit this form may result in the prohibition of the presentation of affirmative evidence of the information recited herein.

This statement requests that you list all Marital and Non-Marital Property owned by you and/or your spouse, whether in your possession, the possession of your spouse or in the possession of a third party.

Definition – Marital and Non-Marital Property

As used in this document, Marital Property means all property acquired by either spouse after the date of the marriage regardless of how it is titled, except:

1. Property acquired by gift, bequest, devise or descent;
2. Property acquired by exchange for property acquired prior to the marriage or in exchange for property acquired by gift, bequest, devise or descent;
3. Property acquired by a spouse after a decree of legal separation;
4. Property acquired by valid agreement of the parties; and
5. The increase in value of property acquired prior to the marriage. (Section 452.330.2, RSMo.).

The excepted property is Non-Marital Property. All other property is Marital Property.

MARITAL PROPERTY OF PETITIONER/RESPONDENT

A. Real Estate - List interest in real estate owned by you, including leaseholds. Include street address.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

B. Motor Vehicles. Include all automobiles, boats, trailers, aircraft, recreational vehicles and campers in which you have an interest. List year, make, model and vehicle identification number.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

C. Bank Accounts. List all checking and savings accounts, time deposits, money market certificates, etc., held in your name alone or with another person. Give the name of the institution, the names on the account and the account number.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

D. Cash on Hand held by you or under your control, directly or indirectly.	
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E. Securities. List all stocks, including both public and closely held corporations, bonds, promissory notes, mortgages, money market funds and all other such property in which you have an interest. Give the names in which the securities are held and identification number, if any.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

F. Life Insurance. List the type of policy, name of issuing company, insured, beneficiaries, face value and cash value of any policy in which you have an interest.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

G. Retirement Pension and/or Profit Sharing. List name of the company, the name and the address of the plan administrator and the present total value of any plan in which you hold an interest.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

H. Interest in trust. List any interest which you hold in a trust.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

I. Interest in contracts made and not performed held by you. List the parties to the contract, your interest to the contract and the expected date of performance, if any.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

J. Interest in pending litigation or suit not yet filed held by you.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

K. Interest in farm equipment, crops, animals. List the nature of the property and location held by you.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

L. Debts owed to you by others. List the name of the debtor, any security, date of loan and due date, if any, of the debts owed to you.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

M. Interests in sole proprietorships, partnerships or joint ventures held by you. List the names of all other persons who share an interest in this business with you and the percent interest you hold.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

N. Household Goods and Personal Goods – Continuation Sheet. Use additional sheets if necessary.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

O. Other Assets. List all assets below not already listed herein in which you hold any interest.	Present Fair Market Value	Amount Owed	Requested Award to H or W	Who Presently Possesses H or W

NON-MARITAL PROPERTY OF PETITIONER/RESPONDENT

Instructions: This form must be completed in full. If additional space is required, add a page indicating the section number and supply all information requested. Show only dollar amounts, rounding to the nearest dollar. STATEMENT IS TO BE CURRENT WITHIN 15 DAYS OF HEARING. Failure to submit this form may result in the prohibition of the presentation of affirmative evidence of the information recited herein.

This Statement requests that you list all Non-Marital Property owned by you, whether in your possession, the possession of your spouse or in the possession of a third party.

See definition of Marital and Non-Marital Property on Page 1.

List all property which you claim is your Non-Marital Property. Use additional sheets if necessary.	Present Fair Market Value	Amount Owed	How and When Acquired

Liabilities:

List all loans from any bank, credit union, savings and loan association or other lending institution for which you have any liability. Indicate who signed the loan, the date of the loan, purpose of the loan, actual disposition of the proceeds and state the name and address of the lender. Also, list all credit card balances and store charges. State whose name is on the credit card. Also, list all other indebtedness and give the name and address for the creditor.

Name of Creditor	Current Balance	Secured? By What?	Required Monthly Payment	Liability Incurred by H/W/Joint

FORM 4

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

In Re The Marriage Of:)	
)	
)	
Petitioner,)	
)	
vs.)	Case No.
)	
Respondent.)	

**CERTIFICATE OF SERVICE OF
REQUIRED DOCUMENTS PURSUANT TO LOCAL RULE 68.4.1(6)**

The undersigned (Attorney for) Petitioner (Respondent) certifies by his/her signature that complete copies of the following document(s) have been delivered to the Opposing (Counsel/Party) on this ____ day of _____, 20____. Where documents exist but are retained by another person or no such documents exist, the appropriate annotation have been included below:

1. Tax Returns for the years _____, _____, _____.
2. Last 6 paycheck stubs.
3. Pension benefit statements as of _____.
4. Pension Plan documents.
5. Titles to Real Estate, Motor Vehicles, Leases, etc.
6. Life Insurance Policies.
7. Statements of Cash Value of Life Insurance as of _____.
8. Financial Statements.
9. Appraisals of all property.

10. Trust documents.
11. Partnership Agreements/Stock Certificates/Financial Statements.

(Attorney for) Petitioner/Respondent

FORM 5

FIRST INTERROGATORIES (DISSOLUTION OR SEPARATION)

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

In Re The Marriage Of:)	
)	
)	
)	
Petitioner,)	
)	
vs.)	Case No.
)	
Respondent.)	

FIRST INTERROGATORIES TO

COMES NOW the _____ and propounds the following Interrogatories to be answered by _____ in the manner provided by Supreme Court Rule 57.01 and Local Rule 68.

The interrogatories are continuing in nature, requiring you to serve timely supplemental answers setting forth any information within the scope of these interrogatories which may be acquired by you, your attorneys, investigators, agents of others employed by you or acting in your behalf, following the original answers. Such supplemental answers shall be filed and served upon the opposing party within fifteen days after the receipt of such information but no later than two weeks preceding the date of trial.

INSTRUCTIONS

Type your answers to the following interrogatories in the space provided on this form where possible. If the space provided is not sufficient to completely answer each interrogatory, type your answer on a separate sheet of paper and attach same as an appendix hereto noting on this form which appendix contains your answer to said interrogatory and noting on the appendix reference to the interrogatory being answered.

1. State your (a) complete residence address, (b) social security number, (c) your date of birth, (d) driver's license number, (e) any and all names you have used or have been known as, and (f) each address where you have resided for the past five (5) years.

ANSWER:

2. State the name and relationship to you of each person residing with you at your present address:

ANSWER:

3. If you have been employed during the past three (3) years, please state the following with respect to each and every employment:
- (a) The complete name and address of each employer and the dates on which your employment commenced and terminated.
 - (b) Describe the work performed by you, and state your job title.

ANSWER:

4. For each employment listed above, state the following:
- (a) Your rate of pay or salary;
 - (b) The gross amount of wages or salary received for each year;
 - (c) The gross amount of all commissions received for each year;
 - (d) The gross amount of all bonuses received for each year;
 - (e) The nature and gross amount of all other remuneration received by you during each year.

ANSWER:

5. If you receive an economic (fringe) benefits from your present employment other than wages (i.e. company car, health, or life insurance, expense accounts, club membership, etc.), describe each benefit you receive and the amount you receive from said benefit or the value of said benefit.

ANSWER:

6. If you were self-employed or a member of a partnership during any of the three (3) preceding years, state the nature of the business and your share of the gross income (after business expenses) received in each said year.

ANSWER:

7. If you or a member of your household receive any pension, dividend, interest, note, insurance, annuity payment, or social security payments on a regular basis, state the type of payment, amount, and the date you normally receive such payment.

ANSWER:

8. If you have any interest in any pension, profit sharing, retirement, Keogh Plan, I.R.A. account, thrift plan, or any other form of employment-related asset with any past or present employer, state:

- (a) The date first acquired;
- (b) The type of asset (e.g. pension plan);
- (c) The present vested or cash value to you of such asset;
- (d) The name of the company that administers the plan or program and the name, address and phone number of the person who administers the plan;

ANSWER:

9. If you have any claim or cause of action against anyone else, set out in detail the reason for such claim or cause of action and sufficient information to identify any court preceding pending regarding said claim.

ANSWER:

10. If you have transferred any real or personal property within the last twenty-four (24) months, for each such item, state:

- (a) Legal description of the property;
- (b) The value of your equity interest in the property;
- (c) The date you transferred the property;
- (d) The name and address of the person to whom you transferred said property;
- (e) Net proceeds received for said property.

ANSWER:

11. If you believe that you are entitled to receive maintenance payments from your spouse, state in detail why you believe you are entitled to maintenance.

ANSWER:

12. Do you claim marital misconduct on the part of your spouse? Yes () No ()

13. If your answer to Interrogatory No. 12 is yes, state in detail what marital misconduct you claim.

ANSWER:

14. If you have an illness or chronic disability at this time, describe said chronic illness or disability in detail.

ANSWER:

15. If you are not presently employed full-time and have attempted to obtain full-time employment in the past six (6) months, state the names of all employers with whom you have consulted and the dates of all interviews or employment applications.

ANSWER:

16. If you are not presently employed full-time and have not attempted to obtain full-time employment in the past six (6) months, state the reason for not looking for full-time employment.

ANSWER:

17. Do you have a child(ren) with a person other than the opposing party to whom you are currently ordered to pay child/children support to through an administrative or judicial order?

ANSWER:

18. If your answer to the preceding interrogatory is affirmative, with respect to said child/children please state the following:

- (a) The name and date of birth of each child to whom you owe an obligation of support;
- (b) The date when said order(s) of support was issued;
- (c) The present amount(s) ordered;
- (d) The amount of any arrearages owed on said order(s).
- (e) Attach a copy of said order(s);
- (f) Whether or not said child currently lives with you.

ANSWER:

19. State the monthly cost of any reasonably work-related child care costs for the child(ren) subject to this proceeding.

ANSWER:

20. Please state the monthly cost of any other recurring expenses for the child(ren) subject to this proceeding, including, but not limited to, tuition, medical, dental, or orthodontic expenses.

ANSWER:

21. Do you intend to ask for sole legal or sole physical custody of the child(ren) or that their residence for mailing and educational purposes be placed with you in this action? If yes, then state:
- (a) All facts in support of your position that it is in the best interests of the child(ren) to be in your sole legal or sole physical custody.
 - (b) All facts in support of your position that it is not in the best interests of the child(ren) that the opposing party have joint legal or joint physical custody or for the child(ren)'s residential address to be that of the opposing party.
 - (c) List the address where you and the child(ren) would reside if you were awarded sole physical custody of the child(ren) or designate the child(ren)'s residence and the names of all person who would reside there.
 - (d) Please state the name, address and telephone number of each and every person you believe to have personal knowledge that it is in the best interest of the minor child(ren) that sole legal or sole physical custody be placed with you (or that your residence be designated as that of the child(ren) for mailing and educational purpose) and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

22. What type of contact do you want the child(ren) to have with the other parent, and how often do you want the child(ren) to visit the other parent?

ANSWER:

23. Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes () No (). If yes, for each such plea or conviction, state:
- (a) The date, city, county and state of the plea or conviction;
 - (b) The offense charged;
 - (c) The offense pleaded guilty to or convicted of;

(d) The penalty or probationary term imposed as a result of such plea or conviction

ANSWER:

VERIFICATION OF ANSWERS TO INTERROGATORIES

STATE OF MISSOURI)
) ss
COUNTY OF _____)

_____, being first duly sworn according to law, deposes and states that he/she has read the foregoing Interrogatories and Answers to those Interrogatories and that the Answers to those Interrogatories and the facts stated therein are true to the best of his/her knowledge and belief.

Affiant Name

On the ____ day of _____, _____ the above individual personally appeared before me, a Notary Public in and for said County and State, and signed the above Answers to Interrogatories as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the date and year first above written.

My Commission Expires:

Notary Public

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Interrogatories and Answers thereto was served by () U.S. Mail, first class, postage prepaid () by diskette () CD-ROM () as an email attachment in () Word for Windows or () _____ format to _____, Attorney for _____

Name of Attorney-Bar Number
Address

FORM 6

**FIRST INTERROGATORIES (MODIFICATION OF CHILD SUPPORT,
MAINTENANCE OR CUSTODY)**

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

)	
Petitioner/Plaintiff,)	
)	
vs.)	Case No.
)	
Respondent/Defendant.)	

FIRST INTERROGATORIES TO

COMES NOW the _____ and propounds the following Interrogatories to be answered by _____ in the manner provided by Supreme Court Rule 57.01 and Local Rule 68.

These interrogatories are continuing in nature, requiring you to serve timely supplemental answers setting forth any information, within the scope of these interrogatories which may be acquired by you, your attorneys, investigators, agents or others employed by you or acting in your behalf, following the original answers. Such supplemental answers shall be filed and served upon the opposing party within fifteen days after the receipt of such information but no later than two weeks preceding the date of trial.

INSTRUCTIONS

Type your answers to the following interrogatories in the space provided on this form where possible. If the space provided is not sufficient to completely answer each interrogatory, type your answer on a separate sheet of paper and attach same as an appendix hereto noting on this form which appendix contains your answer to said interrogatory and noting on the appendix reference to the interrogatory being answered.

1. State your (a) complete residence address, (b) social security number, (c) your date of birth, (d) driver's license number, (e) any and all names you have used or have been known as, and (f) each address where you have resided for the past five (5) years.

ANSWER:

2. State the name and relationship to you of each person residing with you at your present address.

ANSWER:

3. With regard to your income, please state:

- (a) The annual gross salary, wages or income you received as of the date of the last child support/maintenance order;
- (b) The annual gross salary, wages or income you received for each year since the date of the last child support/maintenance order;
- (c) The name, address and telephone number of each corporation, business or individual from whom you have received a gross salary, wages or income in each year since the date of the last child support/maintenance order.

ANSWER:

4. Does either parent or your spouse have any health, hospitalization, medical, dental and/or orthodontic and or vision insurance or other coverage, (including coverage through the State of Missouri) on the children now in existence? If so,

- (a) Identify each Plan by name, Plan number, address and telephone number;
- (b) Whether said plan is individual or group or state administered;
- (c) The name of the individual through whom such coverage exists;
- (d) A summary of the coverage available to the child (e.g. Comprehensive, health, medical and hospitalization, dental, orthodontic or vision);
- (e) The cost of deductibles, co-insurance office visits and emergency room for said coverage;
- (f) The amount of insurance premiums or deductions for the adult(s) covered by said insurance;
- (g) The amount of insurance premiums or deductions for the child(ren) covered by said insurance including how frequently it is paid (e.g. weekly, bimonthly or monthly) and by whom it is paid;
- (h) If the child(ren) that are the subject of this action have insurance coverage available under two separate plans, explain in detail which plan you believe is the “best” plan in terms of coverage and cost.

ANSWER:

5. If you were self-employed or a member of a partnership during any of the three (3) preceding years, state the nature of the business and your share of the gross income (after business expenses) in each year.

ANSWER:

6. Does anyone other than you assist in paying your current living expenses? If so, state name, relationship to you and average monthly amount contributed.

ANSWER:

7. If you contribute to the support of anyone other than the child(ren) herein, state the name and relationship to you of each said person, the amount you contribute each month and the reason why you contribute to said person's support.

ANSWER:

8. If you or a member of your household receive any pension, dividend, interest, note, insurance, annuity payment, food stamps, TANF, or social security payments on a regular basis, state the type of payment, amount and date you normally receive such payment.

ANSWER:

9. State the monthly cost of any reasonably work-related child care costs for the child(ren) subject to this proceeding.

ANSWER:

10. Please state the monthly cost of any other recurring expenses for the child(ren) subject to this proceeding, including, but not limited to, tuition, medical, dental or orthodontic expenses.

ANSWER:

11. Do you intend to ask for sole legal or sole physical custody of the child(ren) or that their residence for mailing and educational purposes be placed with you in this action? If yes, then state:
- (a) All facts in support of your position that it is in the best interest of the child(ren) to be in your sole legal or sole physical custody.
 - (b) All facts in support of your position that it is not in the best interest of the child(ren) that the opposing party have joint legal or joint physical custody or for the child(ren)'s residential address to be that of the opposing party.
 - (c) List the address where you and the child(ren) would reside if you were awarded sole physical custody of the child(ren) or designation of the child(ren)'s residence and the names of all person who would reside there.
 - (d) Please list the name, address and telephone number of each and every person you believe to have personal knowledge that it is in the best interest of the minor

child(ren) that sole legal or sole physical custody be placed with you (or that your residence be designated as that of the child(ren) for mailing and education purposes) and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

12. Do you intend to seek a termination or modification of Court ordered maintenance? If so, then state:

- (a) All facts which would support any allegation that a change in circumstances has occurred requiring a termination or modification of maintenance;
- (b) The names, addresses and telephone numbers of all persons you believe to have personal knowledge of such change in circumstances and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

13. Do you oppose a termination or modification of Court ordered maintenance? If so, then state:

- (a) All facts which would support any allegation as to why maintenance should not be terminated or modified;
- (b) The names, addresses and telephone numbers of all persons that you believe to have personal knowledge of such changes in circumstances and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

14. Have you ever pleaded guilty to or been convicted of a misdemeanor or felony?

Yes () No () If yes, for each such plea or conviction, state:

- (a) The date, city, county and state of the plea or conviction;
- (b) The offense charged;
- (c) The offense pleaded guilty to or convicted of;
- (d) The penalty or probationary term imposed as a result of such plea or conviction

ANSWER:

Name of Attorney-Bar Number

VERIFICATION OF ANSWERS TO INTERROGATORIES

STATE OF MISSOURI)
) ss
COUNTY OF _____)

_____, being first duly sworn according to law, deposes and states that he/she has read the foregoing Interrogatories and Answers to the Interrogatories and that the Answers to the Interrogatories and the facts stated therein are true to the best of his/her knowledge and belief.

Affiant Name

On the _____ day of _____, _____ the above individual personally appeared before me, a Notary Public in and for said County and State, and signed the above Answers to Interrogatories and his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the date and year first above written.

My Commission Expires: _____
Notary Public

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Interrogatories and Answers thereto was served by () U.S. Mail, first class, postage prepaid () by diskette () CD-ROM () as an email attachment in () Word for Windows of () _____
Format to _____, Attorney for _____

Name of Attorney-Bar Number
Address

FORM 7

**AUTHORIZATION TO RELEASE
EMPLOYEE BENEFITS INFORMATION**

To: _____

Re: Your Employee: _____
Social Security No. _____

You are here by authorized and requested to furnish and release to _____ and to any employee, agent or representative thereof any and all information in your possession or under your control concerning my employment and fringe and retirement benefits. You are further authorized to allow said persons to read, review, copy and have copied any and all records, notations, memoranda and all other recorded information regardless of whether it is written, recorded, on computerized disc, etc. with respect to all aspects of my employment from the date I began my employment to the present date. You are further authorized to communicate with said persons orally or in writing concerning the matters addressed herein.

The information you are authorized to release shall include, but not be limited to, my earnings, wages, other forms of compensation, my employee benefits, fringe benefits, profit sharing, retirement and/or pension benefits, health, dental, vision, life insurance and disability benefits, performance records, attendance records, employer/employee investment plans, stock plans, savings plans, thrift plans, employee stock option plans, 401K, deferred compensation, supplemental or excess benefit plans, "golden parachute" or "silver seatbelt" provisions, vested bonus not yet paid, zero balance reimbursement accounts and employment-related trusts.

STATE OF MISSOURI)
) ss
COUNTY OF)

On this ____ day of _____, _____, before me, a Notary Public, personally appeared the above-named person who acknowledged signing the above and foregoing instrument as a free act and deed.

Notary Public

My Commission Expires:

FORM 8

**AUTHORIZATION TO DISCLOSE
FINANCIAL RECORDS**

To: _____

Re: Your Employee: _____
Social Security No. _____

You are hereby authorized and directed to furnish and release to _____ and to any employee, agent or representative thereof any and all or any portion of the records, documents and other writings and information in your possession or under your control concerning all of my accounts with and deposits in your institution, whether open or closed, and whether held solely in my name or jointly with another and further concerning all my loans and lines of credit with your institution on which I am liable individually or jointly with another or as a guarantor.

You are further authorized to allow said persons to read, review, copy and have copied any and all records, notations, memoranda and all other recorded information regardless of whether it is written, recorded or on computerized disc. You are also authorized to communicate with said persons orally or in writing and to provide reports concerning the matters addressed herein for the purpose of explaining or disclosing any other information requested relative to such accounts and deposits.

All expense pertaining to the foregoing shall be paid by the party requesting the information pursuant to this authorization and nothing herein shall be construed to make me liable for those costs.

STATE OF MISSOURI)
) ss
COUNTY OF _____)

On this ____ day of _____, _____, before me, a Notary Public, personally appeared the above-named person who acknowledged signing the above and foregoing instrument as a free act and deed.

Notary Public

My Commission Expires:

FORM 9

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

In Re The Marriage Of:)	
)	
Petitioner,)	
)	
vs.)	Case No.
)	
Respondent.)	

**CONSOLIDATED STATEMENT OF MARITAL AND NON-MARITAL ASSETS
AND DEBTS OF PETITIONER AND RESPONDENT**

Instructions: This form must be completed in full. If additional space is required, add a page indicating the section number and supply all information requested. Show only dollar amounts, rounding to the nearest dollar. STATEMENT IS TO BE SUBMITTED TO THE COURT ON THE DATE OF HEARING. Failure to submit this form may result in sanctions.

MARITAL PROPERTY

A. Real Estate – List interest in real estate owned by you, including leaseholds. Include street address	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

B. Motor Vehicles. Include all automobiles, boats, trailers, aircraft, recreational vehicle identification number.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

C. Bank Accounts. List all checking and savings accounts, time deposits, money market certificates, etc., held in your name, alone or with another person. Give the name of the institution, the names on the account and the account number.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

D. Cash on Hand.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

E. Securities. List all stocks, including both public and closely held corporations, bonds, promissory notes, mortgages, money market funds and all other such property in which you have an interest. Give the names in which the securities are held and identification number, if any.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

F. Life Insurance. List the type of policy, name of issuing company, insured, beneficiaries, face value and cash value of any policy in which you have an interest.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

G. Retirement Pension and/or Profit Sharing. List name of the company, the name and the address of the plan administrator, and the present total value of any plan in which you hold an interest.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

H. Interest in trust. List any interest which you hold in a trust.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

I. Interests in contracts made and not performed held by you. List the parties to the contract, your interest to the contract and the expected date of performance, if any.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

J. Interest in pending litigation or suit not yet filed held by you.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

K. Interest in farm equipment, crops, animals. List the nature of the property and location held by you.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

L. Debts owed to you by others. List the name of the debtor, any security, date of loan and due date, if any, of any debts owed to you.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

M. Interests in sole proprietorships, partnerships or joint ventures held by you. List the names of all other persons who share an interest in this business with you and the percent interest you hold.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

N. Household goods and personal goods. List all household goods and personal goods, including all appliances, furniture, silver, antiques, televisions, stereos, clothing, jewelry, collections, tools, etc.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

List all loans from any bank, credit union, savings and loan association or other lending institution. Also, list all credit card balances and store charges and list all other indebtedness and give the name of the creditor.	H Value	W Value	Ct. Value	H Debt	W Debt	Ct. Debt	H Request	W Request	Ct. Award

FORM 10

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

In Re The Marriage Of:)	
)	
)	
Petitioner,)	
)	
vs.)	Case No.
)	
)	
Respondent.)	

PARENTING PLAN CHECKLIST

Form required for all Parenting Plans except when Supreme Court Form CV265 (Rev 12/98) (Parenting Plan) is used.

Section 452.310.7 RSMo (1998) provides “the proposed parenting plan shall set forth the arrangements that the parties believe to be in the best interest of the minor children and shall include but not be limited to” the items set forth below. Enter the paragraph number of the parenting plan that contains applicable language.

1. A specific schedule detailing the physical custody and visitation for each child with each parent including:

- _____ a. Major holidays (including which holidays a party has each year);
- _____ b. School holidays and winter, spring, summer and other vacations for school age children;
- _____ c. The child’s birthday, Mother’s Day and Father’s Day;
- _____ d. Weekday and weekend schedules;
- _____ e. The time and place of transfer of the child in connection with the residential schedule;
- _____ f. A plan for transportation duties associated with the residential schedule;
- _____ g. Appropriate times for telephone access;
- _____ h. Procedures for notification when a party request a variation from the residential schedule;
- _____ i. **OPTIONAL** Any suggested restrictions to access and the reasons for such restrictions.

2. A specific plan regarding legal custody detailing how the decision-making will be shared by the parties including:

- _____ a. Educational decisions and methods of communication from school to both parties;

- _____ b. Medical, dental and health care decisions, including how health care providers will be selected and a method of communicating medical conditions and how emergency care will be handled;
- _____ c. Extracurricular activities, including method of determining which activities the child will participate in when those activities involve time during which each parent is the custodian;
- _____ d. Child care providers, including how such providers will be selected;
- _____ e. Communication procedures including access to telephone numbers as appropriate;
- _____ f. A dispute resolution procedure;
- _____ g. OPTIONAL If sole legal custody, the reasons for no shared decision-making.

3. How the expenses of the child will be paid including:

- _____ a. Supreme Court Form 14;
- _____ b. Which party will provide health insurance and how uncovered expenses will be paid;
- _____ c. The payment of educational expenses, if any;
- _____ d. The payment of extraordinary expenses of the child, if any;
- _____ e. Child care expenses, if any;
- _____ f. Transportation expenses, if any.

[Attorney for (Petitioner) (Respondent)] (GAL)

CERTIFICATE OF SERVICE

The above signature hereby certifies that a true and accurate copy of the above and foregoing was mailed/faxed/hand-delivered on _____ to _____.

FORM 11

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

)	
Petitioner,)	Date:
)	
Social Security #)	Case No.:
And)	
)	
Respondent.)	
)	
Social Security #)	

AFFIDAVIT FOR JUDGMENT

(Pursuant to Local Rule 68.7)

1. My name is _____ and I am the (Petitioner) (Respondent) in the above dissolution of marriage case.
2. I currently reside at _____, _____ County, State of _____.
3. I have been a resident of the State of Missouri for at least 90 days and the County of _____ (County name) for at least 60 days immediately prior to the filing of the petition herein. My spouse has been a resident of Missouri for at least 90 days and the county of _____ (County name) for at least 60 days immediately prior to the filing of the petition herein.
4. My spouse (currently resides) (and I have resided) during the marriage in the State of Missouri.
My spouse has subjected (himself) (herself) to the jurisdiction of this court by the following acts: _____.
5. Both my spouse and I are over the age of 18 years.
6. I was married to _____, the (Petitioner) (Respondent) herein, on _____ and the marriage is registered in _____, State of _____.
7. My spouse and I separated on or about _____.
8. Neither my spouse nor I are on active duty in the armed services at the present time or any time since the filing of the petition.
9. There is no reasonable likelihood that the marriage can be preserved and the marriage is irretrievably broken.
10. (I am) (My Wife is) not pregnant.
11. There are no living minor children born or adopted of the marriage.
There (are) (is) _____ minor, unemancipated child(ren) of the marriage, to wit:

_____ born _____, SSN _____
_____ born _____, SSN _____

A Parenting Plan to include a Form 14 is attached hereto as Exhibit _____.

11a. There is no other litigation pending in this or any other state concerning the custody of the minor, unemancipated child(ren) and there are no persons other than my spouse and myself who have physical custody of the minor child(ren) or who claim any rights with respect to the minor child(ren), (except) _____.

12. It is in the best interest of the minor child(ren) that (I) (my spouse) be awarded custody of the minor child(ren).

It is in the best interest of the minor child(ren) that my spouse and I be awarded joint legal custody of the minor child(ren) and that (I) (my spouse) be awarded physical custody of the minor child(ren) pursuant to a Parenting Plan attached hereto.

It is in the best interest of the minor child(ren) that my spouse and I have joint legal and physical custody of the minor child(ren) pursuant to a Parenting Plan attached hereto.

13. Child support has been calculated pursuant to Form 14.

The child support calculated pursuant to Form 14 is unjust or inappropriate because _____.

14. I am able to support myself through appropriate employment or have sufficient assets from which I can support myself so I am not asking for any maintenance. I understand that by not requesting maintenance at this time, I cannot come into this or any other court in the future and receive maintenance. I know of no medical, health or other condition which would prevent me from supporting myself in the future.

I am unable to support myself through appropriate employment and have insufficient assets from which I can support myself. Therefore, I am in need of maintenance in the amount of \$_____ per month.

15. My spouse is able to support (herself)(himself) through appropriate employment or has sufficient assets from which (she)(he) can support (herself)(himself) and therefore (she)(he) is not entitled to receive maintenance. I know of no medical, health or other condition which would prevent my spouse from supporting (herself)(himself) in the future.

My spouse is unable to support (herself)(himself) through appropriate employment and has insufficient assets from which (she)(he) can support (herself)(himself). Therefore, my spouse is in need of maintenance in the amount of \$_____ per month.

16. My spouse and I have entered into a separation agreement which sets apart our non-marital property, divides all our marital property and debt, and is signed by both my spouse and myself. The agreement, attached hereto and marked as Exhibit _____, is fair and reasonable, and is not unconscionable. I request that the court incorporate the separation agreement into its judgment herein. There is no marital property or marital debts for the court to divide.

17. Each party is capable of paying for his or her own attorney's fees, and therefore I request that no attorney's fees be ordered to be paid by either party.

Based upon my financial situation and the financial situation of my spouse, it is reasonable that (I) (my spouse) pay to _____ the sum of \$_____ for attorney's fees herein.

18. I request that the court restore to (my spouse) (me) the (maiden)(former) name of _____. I know of no third parties, such as creditors, who would be adversely affected by the said change of name.

STATE OF MISSOURI)
) ss
COUNTY OF)

_____, of lawful age, being duly sworn upon his/her oath, states that he/she is the (petitioner)(respondent) named above; and that the facts stated herein are true according to his/her best knowledge and belief.

Subscribed and sworn before me on

Notary Public

FORM 12

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

A. INTERIM FAMILY LAW ORDER

This case is now before the Christian County Circuit Court. The Court finds that in these actions it is in the best interest of the parties and their children, if any, to issue this **ORDER immediately upon commencement of the case**, subject to future modification upon agreement of the parties or after a Court hearing. Paragraphs three and six do not apply to paternity/custody matters.

IT IS THEREFORE ORDERED:

1. Neither party shall stalk, abuse, threaten to abuse, molest or disturb the peace of the other. Neither party shall enter upon the premises of the dwelling of the other.
2. Neither party shall remove, cause to be removed or permit the removal of any minor children of the parties from the State of Missouri for a period longer than forty-eight (48) hours without the written consent of the other party, or further Order of this Court.
3. Neither party shall incur unreasonable or unnecessary debts hereafter. Any unreasonable or unnecessary debt incurred after the date of the filing of this action shall presumptively be assessed against the party incurring any such debt. The Court specifically reserves the right to allocate the income and expenses of the parties, and the costs connected with this action.
4. Neither party shall cause the other party or the children of the parties to be removed from any existing insurance coverage, including but not limited to medical, hospital, dental, automobile or disability insurance, and each party shall maintain all such insurance coverage in full force and effect.
5. Neither party shall change the beneficiaries on any existing life insurance policies, and each party shall maintain the existing life insurance policies in full force and effect.
6. Neither party shall conceal or damage any property, real or personal. Neither party shall dissipate, sell, remove, assign, transfer, dispose of, lend, mortgage, or encumber any property, real or personal, except in the ordinary course of business, for the necessities of life. In the case of transactions made in the ordinary course of business, an itemized written accounting shall be made within fourteen (14) days to the other party. In the case of disposition made for the necessities of life, an itemized written accounting shall be made to the other party within thirty (30) days.
7. In the event the parties are living in the same residence at the time of the service of this Order, **the parties shall attempt to decide between themselves if one party shall move from the family residence and, if so, which party shall move from the family residence.**
8. If there are minor children and one of the parties has moved from the family residence, the parties shall attempt to work out a parent-child contact schedule pending further Order of this Court. Failure to reach agreement will result in a minimum contact visitation order at the first scheduled status conference.
9. Any party moving from the family residence may return to pick up personal belongings

and effects at a reasonable time if the parties agree. Personal belongings and effects do not include furniture unless the parties agree. If the parties cannot agree on the time in this paragraph, the Court will decide these issues at a hearing on temporary relief.

10. Any party receiving personal mail or packages addressed only to the other party shall not open them, but shall forward or arrange to have such mail or packages delivered promptly to the other party. Personal mail addressed to both parties or concerning the children, and mail related to the other parties' income, debts or property, may be opened by the person who receives it, but any party receiving such mail shall promptly send a copy to the other party.

11. This Order shall continue in effect, except as modified by written agreement of the parties or as modified by further Order of this Court.

12. This Order is pursuant to Local Rule 68.2(1), which provides:

“In all proceedings for Dissolution of Marriage, Legal Separation, Declaration of Paternity or Non-Paternity, and Child Custody, the Court hereby enters the Interim Family Law Order (Form 12). In any such proceeding, the Clerk of the Court shall attach the Interim Family Law Order (Form 12) to the Summons or serve a copy of such Interim Family Law Order (Form 12) on the parties at the address specified in the petition. Proof of mailing by the clerk shall constitute notice as required in this rule.”

**FORM 13*****IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI***

Judge or Division:	Case Number:
Petitioner:	Date of Decree/Judgment:
vs.	MACSS Case ID:
Respondent:	

(Date file stamp)

**Information Statement to the Circuit Court
For the Processing for Maintenance and Child Support Payments
(Confidential Record)**

Payee: (Person Receiving Payments)	Name: _____ Last First M.I
	SSN: _____
	DOB: _____
	Optional: MACSS Member Number (to be completed by the court): _____
	Address: _____ _____
	Home Phone: _____
	Related case number: _____ _____

Name: _____
Last First M.I.

SSN _____

DOB: _____

Optional: MACSS Member Number (to be completed by the court): _____

Payor
Address: _____

Employer (Company) Name:

Employer
Address: _____

Optional: Employer MACSS Number (to be completed by the court): _____

Has Wage Withholding been issued? ☐ Yes ☐ No If no, why not?

Judgment Information:

\$_____ per _____ for child support; Effective Date (Date 1st Payment Due)

\$_____ per _____ for spousal support (maintenance); Effective Date _____

\$_____ per _____ for periodic arrearage payments toward arrearage judgment of \$_____

\$_____ per _____ for state debt judgment of \$_____

Has Medical Insurance Been ordered? ☐ Yes ☐ No If yes, who is ordered to pay?

If no, why? _____

- ☐ Parties agree no insurance ordered.
- ☐ Child covered in another order.
- ☐ Pre Court no health insurance ordered.
- ☐ Order silent, no mention of medical insurance in order.

Children:

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

Name: _____ SSN: _____

DOB: _____

Optional: MACCSS Member Number (to be completed by the court): _____

☐

Check if more than ten children and attach additional sheet

I certify the information above is correct to the best of my knowledge.

Signature of Preparer

Instructions to Clerk

Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.

FORM 15

FIRST INTERROGATORIES (PATERNITY AND/OR CUSTODY)

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI

)	
Petitioner/Plaintiff,)	
)	
vs.)	Case No.
)	
Respondent/Defendant.)	

FIRST INTERROGATORIES TO

COMES NOW the _____ and propounds the following Interrogatories to be answered by _____ in the manner provided by Supreme Court Rule 57.01 and Local Rule 68.

These interrogatories are continuing in nature, requiring you to serve timely supplemental answers setting forth any information within the scope of these interrogatories which may be acquired by you, your attorneys, investigators, agents or others employed by you or acting in your behalf, following the original answers. Such supplemental answers shall be filed and served upon the opposing party within fifteen days after the receipt of such information but no later than two weeks preceding the date of trial.

INSTRUCTIONS

Type your answers to the following interrogatories in the space provided on this form where possible. If the space provided is not sufficient to completely answer each interrogatory, type your answer on a separate sheet of paper and attach same as an appendix hereto noting on this form which appendix contains your answer to said interrogatory and noting on the appendix reference to the interrogatory being answered.

1. State your (a) complete residence address, (b) social security number, (c) your date of birth, (d) driver's license number, (e) any and all names you have used or have been known as, and (f) each address where you have resided for the past five (5) years.

ANSWER:

2. State the name and relationship to you of each person residing with you at your present address.

ANSWER:

3. If you have been employed during the past three (3) years, please state the following with respect to each and every employment:
 - (a) The complete name and address of each employer and the dates on which your employment commenced and terminated;
 - (b) Describe the work performed by you, and state your job title.

ANSWER:

4. For each employment listed above, state the following:
 - (a) Your rate of pay or salary;
 - (b) The gross amount of wages or salary received for each year;
 - (c) The gross amount of all commissions received for each year;
 - (d) The gross amount of all bonuses received for each year;
 - (e) The nature and gross amount of all other remuneration received by you during each year.

ANSWER:

5. Do you or your spouse have any health, hospitalization, medical, dental and/or orthodontic and/or vision insurance or other coverage (including coverage through the State of Missouri) on the children now in existence? If so, provide the following information:
 - (a) Identify each Plan by name, Plan number, address and telephone number;
 - (b) Whether said plan is individual or group or state administered;
 - (c) The name of the individual through whom such coverage exists;

- (d) A summary of the coverage available to the child (e.g. comprehensive, health, medical and hospitalization, dental, orthodontic or vision);
- (e) The cost of deductibles, co-insurance office visits and emergency room visits for said coverage;
- (f) The amount of insurance premiums or deductions for the adults(s) covered by said insurance;
- (g) The amount of insurance premiums or deductions for the child(ren) covered by said insurance including how frequently it is paid (e.g. weekly, bimonthly or monthly) and by whom it is paid;
- (h) If the child(ren) that are the subject of this action have insurance coverage available under two separate plans, explain in detail which plan you believe is the “best” plan in terms of coverage and cost.

ANSWER:

- 6. If you were self-employed or a member of a partnership during any of the three (3) preceding years, state the nature of the business and your share of the gross income (after business expenses) in each year.

ANSWER:

- 7. Does anyone other than you assist in paying your current living expenses? If so, state name, relationship to you and average monthly amount contributed.

ANSWER:

- 8. If you contribute to the support of anyone other than the child(ren) herein, state the name and relationship to you of each said person, the amount you contribute each month, and the reason why you contribute to said person’s support.

ANSWER:

9. If you or a member of your household receive any pension, dividend, interest, note, insurance, annuity payment, food stamps, TANF or social security payments on a regular basis, state the type of payment, amount and the date you normally receive such payment.

ANSWER:

10. Do you have a child(ren) with a person other than the opposing party to whom you are currently ordered to pay child/children support through an administrative or judicial order?

ANSWER:

11. If your answer to the preceding interrogatory is affirmative, with respect to said child/children please state the following:
- (a) The name and date of birth of each child to whom you owe an obligation of support;
 - (b) The date when said order(s) of support was issued;
 - (c) The present amount(s) ordered
 - (d) The amount of any arrearages owed on said order(s).
 - (e) Attached a copy of said order(s);
 - (f) Whether or not said child currently lives with you.

ANSWER:

12. State the monthly cost of any reasonably work-related child care costs for the child(ren) subject to this proceeding.

ANSWER:

13. Please state the monthly cost of any other recurring expenses for the child(ren) subject to this proceeding, including, but not limited to, tuition, medical, dental or orthodontic expenses.

ANSWER:

14. Do you intend to ask for sole legal or sole physical custody of the child(ren) or that their residence for mailing and educational purposes be placed with you in this action? If yes, then state:
- (a) All facts in support of your position that it is in the best interest of the child(ren) to be in your sole legal or sole physical custody.
 - (b) All facts in support of your position that it is not in the best interest of the child(ren) that the opposing party have joint legal or joint physical custody, or for the children(ren)'s residential address to be that of the opposing party.
 - (c) List the address where you and the child(ren) would reside if you were awarded sole physical custody of the child(ren) or designate the child(ren)'s residence and the names of all persons who would reside there.
 - (d) Please state the name, address and telephone number of each and every person you believe to have personal knowledge that it is in the best interest of the minor child(ren) that sole legal or sole physical custody be placed with you (or that your residence be designated as that of the child(ren) for mailing and education purposes) and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

15. What type of contact do you want the child(ren) to have with the other parent and how often do you want the child(ren) to visit with the other parent?

ANSWER:

16. Have you ever pleaded guilty to or been convicted of a misdemeanor or felony?
Yes () No (). If yes, for each such plea or conviction, state:
- (a) The date, city, county and state of the plea or conviction;
 - (b) The offense charged;

- (c) The offense pleaded guilty to or convicted of;
- (e) The penalty or probationary term imposed as a result of such plea or conviction

ANSWER:

Name of Attorney-Bar Number

VERIFICATION OF ANSWERS TO INTERROGATORIES

STATE OF MISSOURI)
) ss
COUNTY OF _____)

_____, being first duly sworn according to law, deposes and states that he/she has read the foregoing Interrogatories and Answers to those Interrogatories and that the Answers to those Interrogatories and the facts stated therein are true to the best of his/her knowledge and belief.

Affiant Name

On the _____ day of _____, _____ the above individual personally appeared before me, a Notary Public in and for said County and State, and signed the above Answers to Interrogatories as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my seal, the date and year first above written.

My Commission Expires:

Notary Public

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Interrogatories and Answers thereto was served by () U.S. Mail, first class, postage prepaid () by diskette () CD-ROM () as an email attachment in () Word for Windows or () _____ format to _____, Attorney for _____.

Name of Attorney- Bar Number
Address

FORM 16

IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, MISSOURI
Associate Circuit Division
Or
Circuit Division

(Name) _____)
(Address) _____)
(City) _____)

Plaintiff/Petitioner,)

v.)

Cause No. _____)

(Name) _____)
(Address) _____)
(City) _____)

Defendant/Respondent.

CAUSE [TITLE OF PLEADING]

[Body of Pleading]

Signed

(Attorney of Record, or Party)

(Address)

(Telephone Number)

(Email Address)

(Missouri Bar Number)

[All pleadings besides the Petition require a Certificate of Service]