

FORM D

PETITIONER'S/RESPONDENT'S COURT-APPROVED INTERROGATORIES

INSTRUCTIONS

These Interrogatories are of a continuing 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 or acting in your behalf, following the original answers.

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 to said interrogatory and noting on the appendix reference to the interrogatory being answered.

1. State your full name, date of your birth, the address of your present place of residence and your social security number.

ANSWER:

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

ANSWER:

3. State the address of all previous residences where you have resided for the last year, and the dates you resided at each such address, and the name and relationship to you of each person residing with you at each of your previous addresses.

ANSWER:

4. As to your current place(s) of employment (*other than self-employment as a sole proprietor, partner or in a closely-held or professional corporation in which you have an ownership interest*), state with respect to each place of employment:

- a. The name, address and telephone number of the employer.
- b. Your occupation and job title, and the date of your hire.

- c. The name, address and business telephone number of the business entity's payroll records supervisor.
- d. The average number of hours you work per week.
- e. The average amount of overtime, if any.
- f. The frequency of each pay period (i.e. weekly, bi-weekly or monthly).
- g. Your rate of pay or salary.
- h. Your gross annual income from this employment for each of the last three full calendar years and this year to date.
- i. The base gross amount of any salary or wages you receive per pay period.
- j. The annual amount and rate of overtime, shift differential, bonuses, commissions or other income in addition to your base pay and how this is calculated.
- k. All economic benefits in addition to cash income you receive or have access to including, but not limited to, health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account. Describe each benefit and the annual value of the benefit to you.
- l. Whether you expect or have been advised of any increase or decrease in income or benefits in the *next* 12 months and, if so, when and why.

ANSWER:

5. Other than as provided in Interrogatory No. 3, for each person, firm or corporation by whom you were employed during the last three full calendar years and this year to date, state with respect to each such place of employment:

- a. The name, address and telephone number of the employer.
- b. Whether such employment was full-time or part-time.
- c. The inclusive dates of your employment.
- d. Your job title or description of your duties.
- e. The gross annual income from each employer for each of the last three (3) full calendar

years and the gross income to date in this calendar year.

ANSWER:

6. If you were employed as a sole proprietor, a partner, or a shareholder in a closely-held or professional corporation at any time during the last three (3) full calendar years and/or this year to date, state with respect to each such place of employment.

- a. The name, address and telephone number of each such business entity.
- b. The type of entity (i.e. sole proprietorship, corporation, partnership, limited partnership or Missouri LLC).
- c. If a partnership, state in addition thereto:
 - i. your share of the gross annual income (after business expenses) for each partnership for each of the last three full calendar years and this year to date;
 - ii. the legal name of the partnership, and the name and address of the custodian of the financial records;
 - iii. the name, address and telephone number of each partner and identify each partner's percent of ownership and/or profits of the partnership;
 - iv. the type of business conducted by the partnership;
 - v. the amount of your capital contributions to the partnership and the date(s) such contributions were made;
 - vi. the date you acquired your interest in the partnership or your participation commenced, and if you are no longer a partner, the date on which your interest, participation or relationship terminated;
 - vii. the present fair market value of your interest in the partnership;
 - viii. all economic (fringe) benefits in addition to cash income you receive or have access to including, but not limited to, health, life, dental, vision, legal and disability insurance, use of a business vehicle, club membership, expense account. Describe each benefit and the annual value of the benefit to you.
- d. If a corporation, state in addition thereto:
 - i. your share of the gross annual income (after business expenses) for each corporation for each of the last three (3) full calendar years and this year to date;

- ii. the name and address of the corporation, and the name and address of the custodian of the financial records;
 - iii. the name and address of each director and officer;
 - iv. the type of corporation (i.e. Sub S, LLC);
 - v. the number and type of shares of stock you own of the corporation, and the number of shares outstanding;
 - vi. the date you acquired your interest or your participation commenced, and if you are no longer director, officer or shareholder, the date on which your interest, participation or relationship terminated;
 - vii. the date and the state of incorporation.
 - viii. the type of business conducted by the corporation;
 - ix. the amount of your capital contributions to the corporation and the date(s) such contributions were made;
 - x. all economic (fringe) benefits in addition to cash income you receive or have access to including, but not limited to, health, life, dental, vision, legal and disability insurance, use of a business vehicle, club membership, expense account. Describe each benefit and the annual value of the benefit to you.
- e. If a sole proprietorship or other business venture, state in addition thereto:
- i. your share of the gross annual income (after business expenses) for each business for each of the last three (3) full calendar years and this year to date;
 - ii. the name and address of the business, and the name and address of the custodian of the financial records;
 - iii. the type of business conducted;
 - iv. the amount of your capital contributions to the business and the date(s) such contributions were made;
 - v. the date your interest in the business commenced, and if no longer participating in the business, the date you terminated your relationship with the business;
 - vi. all economic (fringe) benefits in addition to cash income you receive or have access to including, but not limited to, health, life, dental, vision, legal and disability insurance, use of a business vehicle, club membership, expense

account. Describe each benefit and the annual value of the benefit to you.

ANSWER:

7. List the gross revenue you received in the previous full calendar year and this year to date from any source other than earnings and self-employment including, but not limited to, pensions, dividends, interest, note payments, insurance payments, unemployment compensation, annuity and social security, stating the source of the payment and the annual amount of each type of income.

ANSWER:

8. If you are not employed full-time, state:

- a. The date your last full-time employment ended.
- b. The reason(s) for the termination of that employment.
- c. The names of all employers with whom you have applied for work in the past six (6) months.
- d. The dates of all interviews and employment applications.
- e. If you have not sought employment in the past six (6) months, state the reason(s) for not seeking employment.

ANSWER:

9. If you have given any financial statements during the last three (3) years, state the name and address of each person or business organization to whom you gave such financial statements, and attach a copy of said statement(s) to your answers to these interrogatories.

ANSWER:

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

- a. the legal description of the property;
- b. the value of your equity interest in the property;

- c. the date you transferred or otherwise disposed of the property;
- d. the name and address of the person to whom you transferred said property;
- e. the amount of the net proceeds received for the property.

ANSWER:

11. If you have filed federal and/or state income tax returns during the last three (3) years, state the name and address of each person or business entity who prepared said returns, and attach complete copies of your federal and state income tax returns to your answers to these interrogatories for the past three (3) calendar years.

ANSWER:

12. Identify each person you expect to call as an expert witness at the trial of this case, and separately, with respect to each person so identified, state the general nature of the subject matter on which the expert is expected to testify, the facts known to each such expert which relate to or form the basis of the mental impressions and opinion held by each such expert, and identify all documents, communications, and other tangible things used by, prepared by, prepared for, or furnished an expert in anticipation of the expert's testimony, including all tests and calculations that form the basis of his opinion.

ANSWER:

13. If you are a participant in any pension, profit sharing, annuity or any other form of retirement or deferred compensation plan, state for *each* such plan:

- a. the full name and address of the plan;
- b. identify the type or kind of plan, and the plan identification number;
- c. the participant's identification number;
- d. the name, address and telephone number of the plan administrator;
- e. the amount and frequency of any contribution by you to the plan, and the date your contributions commenced;
- f. the amount and frequency of any contribution by your employer, and the date your employer commenced such contributions;

- g. your present value, if any, in each plan;
- h. if you are “vested” in any plan, indicate the percentage in each plan that you are vested;
- i. if the plan has matured, identify the amount and frequency of any payments being made to you or to which you are presently eligible to receive;
- j. each condition precedent to your receipt of any benefits under the plan.

ANSWER:

14. 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:

15. State whether there is any conduct of your spouse that you will ask the Court to consider in making its determinations of any award for maintenance, child custody or visitation, or division of property, and if so, state for *each* act, occurrence, incident, situation, or series of actions:

- a. a description of the nature and extent of the conduct and the date(s) such conduct is alleged to have occurred;
- b. the name(s), address(es), and telephone number(s) of each person who has personal knowledge of any fact, incident or other allegation about such conduct;
- c. a detailed explanation of how or why such conduct has adversely impacted upon your marriage, *either* or *both* of the parties, and/or the child/children.

ANSWER:

16. State whether or not there is in effect or if there is available to you through your employment (whether or not you presently participate), any policy of insurance providing hospitalization and major medical protection for your family, and if so, state:

- a. the name of the entity through which the health benefit is available,(i.e. employer name, union name, etc.);
- b. the name of the group plan or private insurance company;
- c. the type of health benefits available with each plan such as hospital, medical, dental, psychological and/or vision care;

- d. the name of each currently covered person or dependent;
- e. the individual and family deductible limits applicable under the plan;
- f. if a plan provided coverage through a PPO or HMO, identify the geographic limits of the network and the deductible and/or co-payment rates for a non-network health care provider;
- g. the amount of the premium charged to you, if any, for coverage under the plan for yourself only;
- h. the amount of the premium charged to you, if any, for coverage for your dependents;
- i. if you or your dependents are not currently eligible to be enrolled, state when and under what circumstances you could first become eligible to enroll yourself and/or your dependents;
- j. attach a copy of any summary plan descriptions, benefit statements or other documents which outlines coverage benefits, limitations, restrictions and rules.

ANSWER:

17. State whether or not any minor and unemancipated child of the parties suffers from any chronic medical condition or disability for which there are continuing uninsured extraordinary medical expenses, and if so, identify the nature of any such condition and the gross monthly average of such uninsured extraordinary expenses.

ANSWER:

18. State whether or not you have a court or administrative ordered support obligation for a former spouse or a person not involved in this action, and if so, state:

- a. the full name of each such person and the person's relationship to you;
- b. the monthly gross amount of that support;
- c. the termination date of that obligation;
- d. the case number and the issuing county or agency.

ANSWER:

19. State whether or not you have any minor, natural or adopted, children not involved in this action who reside primarily with you, and if so, state:

- a. the full name and date of birth of each such child;
- b. the gross monthly amount of support ordered to be paid to you for each such child;
- c. the case number and the issuing county or agency.

ANSWER:

20. State whether or not you incur any employment-related childcare expense for any minor and unemancipated child of the parties, and if so, state:

- a. the name and address of the childcare provider;
- b. the monthly cost of childcare during the school year for each child;
- c. the monthly cost of childcare during the summer for each child.

ANSWER:

21. State the average gross monthly extraordinary expenses for each minor and unemancipated child of the parties, including but not limited to, tutors, private schools, camps, lessons, travel, athletic, social and cultural activities.

ANSWER:

22. For each child who attends or is expected to attend college or post-secondary school within the next twelve (12) months, state:

- a. the name and address of the school;
- b. the per semester (or other academic period) cost for tuition, fees, room and board, book and supplies, or other expense attributable to a requirement of the school;
- c. the amount, nature and source of loans applied for or which have been obtained;
- d. the amount, nature and source of any financial aid (scholarships, grants or others) awarded.

ANSWER:

23. State whether or not child “custody” is a disputed issue in this case, and if so, identify the name(s), address(es) and telephone number(s) of *each* person you assert has personal knowledge of any fact, factor, information, circumstance, incident, occurrence or other allegation relevant to the physical and/or legal custody of *each* child.

ANSWER:

24. State whether or not you are claiming that your spouse is an unfit parent or is otherwise inappropriate to exercise custody or visitation, and if so, state:

- a. all known facts, factors, circumstances, incidents or other information known to you which may be related to the unfitness or inappropriateness of your spouse to have custody of or visitation with the minor child/children;
- b. the name(s), address(es) and telephone number(s) of *each* person you assert has personal knowledge of the unfitness or inappropriateness of your spouse to have physical and/or legal custody of minor child/children.

ANSWER:

25. State whether or not you have ever been *convicted* of a misdemeanor or felony in any jurisdiction, state or nation, including the receipt of a suspended imposition of sentence (SIS), and if so, state for *each* conviction:

- a. the nature or type of crime(s) you were convicted of and the date(s) of any such conviction;
- b. the full name of the Court, circuit, district, county, state and/or nation in which *each* conviction was imposed.

ANSWER:

26. Attached to these Interrogatories is an Authorization to Release Employee Benefits Authorization, which you are required to execute and return the original signed copy for *each* of your current places of employment and for any former employer to whom you were employed within the last three (3) years.

ANSWER: ATTACHED () YES () NO

27. Attached to these Interrogatories is an Authorization to Disclose Financial Records, which you are required to execute and return the original signed copy for *each* bank or other financial institution that you have maintained an account within the past twenty-four (24) months or at which you have an outstanding loan balance.

ANSWER: ATTACHED () YES () NO

Amended 11/02/12, Effective 11/02/12