FORM 68-J

CIRCUIT COURT OF COUNTY, MISSOURI

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Petitioner, )

)

vs. ) Case No.

)

)

)

Respondent. )

**FIRST INTERROGATORIES IN CAUSE FOR DISSOLUTION OF MARRIAGE TO**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comes now the \_\_\_\_\_\_\_\_\_\_\_ and propounds the following interrogatories to be answered by \_\_\_\_\_\_\_\_\_\_\_\_ in the manner provided by Supreme Court Rule 57.01 & Local Rule 68.

These interrogatories and request for production of documents 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.

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

ANSWER:

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

ANSWER:

1. 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:

1. State the name and address of every person, firm, or corporation by whom you were employed for the past three (3) years and the total gross income per year received from each employer.

ANSWER:

5. Regarding your present employment, please state:

a. The name, address and phone number of your current employer.

b. Your job title and a short description of your duties.

c. The length of time you have been employed by such employer.

d. Please state the following:

i. Your average gross pay for each of the prior six months.

ii. Your average net pay (gross pay less deductions by your employer) for each of the prior six months.

iii. Please state any reductions to gross income for each of the prior six months that were deducted by garnishment or wage assignment.

e. The average amount of overtime per month you have received over the past 12 months.

f. The hours and days of the week you normally work.

g. The name of your immediate supervisor

h. The date you were first employed.

i. Your rate and unit of pay.

j. Identify your bonuses during the past two years and when received.

ANSWER:

6. If you receive any 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:

7. 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:

8. If you currently have any interest in any business, including corporation(s) or L.L.C (s), or as an independent contractor, consultant,state:

a. The name and address of the business;

b. The type of asset;

c. The date first acquired;

d. The present vested or cash value to you of such asset.

e. Your share of gross income (after normal business expenses) allocated to you during each of the three preceding years.

f. Your percentage of ownership of the business.

ANSWER:

9. 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:

10. If you or a member of your household receives *any* pension, dividend, interest, note payment, insurance, rental or leasehold income, 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:

11. Do you own all or any part of any savings account, certificates of deposit, or savings certificates, regardless of where the same is kept, and regardless of whether your name appears alone or not at all or in company with others upon said account within the last two years. If yes, give name and address of each bank or other institution where you maintain each of said accounts, when opened, the balance therein and the interest claimed by you. Also, identify any certificates by number, date purchased, face amount, institution where purchased, and present location.

ANSWER:

12. Do you own all or any part of any checking accounts, regardless of where the same are kept and regardless of whether your name appears alone or not at all or in company with others, individuals or corporate, upon said account within the last two years? If yes, give the name and address of each bank or other institutions where said accounts are maintained, when opened, and balance therein, and the interest claimed by you.

ANSWER:

13. List in detail, by banks and amounts, any and all checking or savings accounts in which you claim no interest, but upon which you alone or in company with another or others have a right to make withdrawals within the last two years. List each such account by name and address of bank, balance on hand and in whose names said accounts are carried.

ANSWER:

14. 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 proceedings pending regarding said claim.

ANSWER:

15. 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 your 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:

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

17. If you intend to offer evidence of statements or the conduct of your spouse or any other person which you contend was improper or questionable and should be considered by the court in making a determination of the disposition of any marital property of the parties, maintenance to you, or custody of any child(ren), please state:

a. Describe in detail the exact nature of each incident, act, conduct, or series of actions you contend was improper or questionable.

b. The date, time and place of each incident, act ,conduct, or series of actions you contend was improper or questionable.

c. The name(s), address(s), and telephone number(s) of each person who has personal knowledge of any fact, factor, information, evidence, circumstances, incident, situation, happening, or other allegation about any alleged improper or questionable conduct in this case.

d. How, why, and when it is asserted that the alleged improper or questionable conduct adversely impacted upon the marriage, either or both parties, and/or the child(ren).

18. Have you or anyone acting on your behalf ever hired, employed, or directed an entity, firm, or person(s) to watch, follow, spy upon, and/or report on the activities of your spouse?

ANSWER:

19. Identify any allegation, information regarding, or factual basis for belief that any child(ren) is/are being or has been physically, emotionally or mentally abused by either Party, step-parent, paternal or maternal grandparents, or any other person involved with the lives of the child(ren), including, but not limited to:

a. The approximate date(s) of each incident of abuse known;

b. How you first became aware of allegations of abuse;

c. Describe the facts surrounding each alleged abuse that you are aware of, which child/child(ren) it was perpetrated against and when, if known;

d. Identify by name, address and telephone number the person(s) committing each incident of abuse;

e. Did you ever report the incident to law enforcement authorities or to the Missouri Division of Family Services (DFS) and, if so, to whom; and, if not reported, why not?

f. If publicly reported, was any action ever taken by DFS, law enforcement officials, or prosecuting attorney for the jurisdiction and, if so, please indicate what was done.

ANSWER:

20. Do you intend to ask for sole physical custody of the child(ren) or that their residence for mailing and education purposes be placed with you in this action? If yes, please state:

a. All reasons, in detail, why it is in the best interest of said child(ren) to be in your custody.

b. All reasons, in detail, why it is not in the best interest of the child/(ren) that (petitioner/respondent) have joint physical custody of the child(ren) of the marriage or for the children's residential address be that of (petitioner/respondent).

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 children's residence and the names of all persons who would reside there.

d. Please state the name and address of each and every person that you believe to have personal knowledge that it is in the best interest of said minor child(ren) that sole custody be placed with you (or your residence designated as that of the children for mailing and educational purpose) and identify the subject matter of which each named person has personal knowledge.

ANSWER:

21. Do you and/or does your spouse have any health, hospitalization, medical, and/or dental insurance or other coverage on the child/children now in existence? If so, for each Plan now in effect by either or both parties please state:

a. Whether the child/children is/are covered or insured by any health, medical, hospitalization, or dental Plan(s) now in existence; if so, please identify each Plan by its full Name, Plan Number, Address, Telephone Number;

b. Is/Are your Plan(s) individual or Group Plan(s);

c. What is the Group Plan Identification Number, if applicable, and/or your Individual Identification number;

d. As to each Plan now in existence, what is the nature, extent, kind, sort, and/or type of Plan covering the child/children (e.g., Comprehensive Health, Medical and Hospitalization Coverage, Major Medical coverage only, Hospitalization only, Accident only, Dental Insurance coverage, etc.);

e. Is/are your Plan(s) currently subject to any Pre-Existing Condition(s) (PEC) which will not cover or insure a given child's particular condition, disease, illness, or malady; if so, please identify each PEC, to whom in your family it applies to, and for how long will it remain uninsurable;

f. Do(es) your child/children have any health, medical, or educational "special needs" which need care and treatment but are not covered by any insurance; if so, please describe each health, medical, or educational "special need" and identify to whom it applies;

g. Are there any Coverage Options under each Plan existing and, if so, describe the Option(s) concerning coverage for the child/children;

h. If the insurer of any Plan is a conventional insurance company, what is the full Name, Address, and Telephone Number of each Insurance Company underwriting your Plan(s);

i. If one or more Employer(s) is/are partially or fully self-funded (a/k/a "self-insured") by themselves or with others, what is/are the Name(s), Address(es), and Telephone Number(s) of each self-insurance entity covering the children;

j. The full Name, Address, and Telephone Number of each Plan Administrator, including any Third-Party Administrator (TPA) handling a partial or fully self-funded Plan;

k. What is/are the cost of the insurance premiums(s) that you pay for your coverage alone, how frequently the premium(s) is/are paid, and who pays the premium(s);

l. What is the cost of insurance premiums(s) paid for coverage of your dependent(s) (i.e., child/children), how frequently it is paid or would be paid, and who pays or would the premium(s);

m. What is/are the deductible(s) amounts, individually and family-wise, of each Plan in existence and who presently pays the same;

n. If both parties have health coverage in existence for the children, which is the "best" Plan in terms of coverage and cost, which Plan is the "primary" policy, which is the "secondary" policy and, approximately what percentage of a given health claim is covered and paid "out of pocket" by either or both parties;

o. Are there any provisions known to you which regulate co-payments with another Plan, Policy or source and, if so, please describe the nature and extent of the applicable co-payment provisions.

p. Are there any pre-existing conditions that may be excluded from the coverage of the policy? If there are any such pre-existing condition restraints, describe the limits in the coverage which results from the pre-existing conditions.

ANSWER:

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

ANSWER:

23. 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:

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

ANSWER:

25. If you intend to offer evidence of: (a) the economic circumstances of either spouse at the time of the division of property is to become effective; or (b) the contribution of either spouse to the acquisition of the marital property to be considered by the court in making a determination of the disposition of any marital property of the parties, please state:

a. Describe in detail the exact nature of each circumstance or contribution.

b. The date, time and place of each contribution.

c. The names, addresses and telephone numbers of all persons with personal knowledge of each circumstance or contribution.

ANSWER:

26. 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:

27. State the name, address, occupation, place of employment and qualifications to give an opinion of each person you expect to call as an expert witness at trial. (If such information is available on the expert’s curriculum vitae, such curriculum vitae may be attached to these interrogatory answers as a response to this question). Also, state the general nature of the subject matter on which the expert is expected to testify and the expert’s hourly deposition fee.

ANSWER:

28. State the name, address, and qualifications of any appraiser you intend to use in this case and list each type of property that person will be appraising.

ANSWER:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney - Bar Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Email address:

Attorney for Petitioner/Respondent

**VERIFICATION OF ANSWERS TO INTERROGATORIES**

STATE OF MISSOURI )

) ss

COUNTY OF )

**AFFIDAVIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being first duly sworn according to law, deposes and states that he/she has read and understands 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner/Respondent

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 own free act and deed.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

My Commission Expires:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF MAILING**

I hereby certify that a copy of the above and foregoing Interrogatories and Answers therein was mailed, first class, postage prepaid, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Attorney at Law, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney - Bar Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

Attorney for Petitioner/Respondent