**FORM 68-K**

CIRCUIT COURT OF COUNTY, MISSOURI

)

)

Petitioner, )

)

vs. ) Case No.

)

)

)

Respondent. )

**FIRST INTERROGATORIES IN PATERNITY/MODIFICATION CASE TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Motion to Modify Child Support/Maintenance or Paternity Action)**

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 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. Such supplemental responses to be filed and served upon the opposing party within fifteen (15) days after the receipt of such information, but no later than two (2) weeks preceding the date of trial.

**INSTRUCTIONS**

Type your answers to the following interrogatories in the space provided on this form. If the space provided is not sufficient to completely answer each interrogatory, type your answer to said interrogatory and note on the appendix reference to the interrogatory being answered.

1. State your full name, any name by which you have ever been known, your date of birth, social security number and the address of your *present place of residence*.

ANSWER:

Please state:

(a) The annual gross salary or income you received as of the date of the last child support order;

(b) The annual gross salary or income currently received;

(c) The approximate dates when you last received either a raise in pay and/or bonus from your employer and the amounts of each;

ANSWER:

2 Does anyone other than you assist in paying your current living expenses. If so, state name and relationship to you.

ANSWER:

3. 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:

4. 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:

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

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

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.

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:

5. 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 uncovered 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:

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

Name of Attorney - Bar Number

Attorney for Petitioner/Respondent

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

Address

Attorney Email Address

**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