

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 of 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