

**FORM 15**

**FIRST INTERROGATORIES (PATERNITY AND/OR CUSTODY)**

**IN THE CIRCUIT COURT OF CHRISTIAN COUNTY, AT OZARK, MISSOURI**

	)	
	)	
<b>Petitioner/Plaintiff,</b>	)	
<b>vs.</b>	)	<b>Case No.</b>
	)	
	)	
<b>Respondent/Defendant .</b>	)	

**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. 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:

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 to 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:



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