

**FORM 5**

**FIRST INTERROGATORIES (DISSOLUTION OR SEPARATION)**

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

<b>In Re The Marriage Of:</b>	)	
	)	
	)	
	)	
<b>Petitioner,</b>	)	
	)	
<b>vs.</b>	)	<b>Case No.</b>
	)	
	)	
<b>Respondent.</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. 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:

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) received in each said year.

ANSWER:

7. If you or a member of your household receive any pension, dividend, interest, note, insurance, 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:

8. 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:

9. 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:

10. 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:

11. 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:

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

13. If your answer to Interrogatory No. 12 is yes, state in detail what marital misconduct you claim.

ANSWER:

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

ANSWER:

15. 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:

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

ANSWER:

17. 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:

18. 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:

19. State the monthly cost of any reasonably work-related child care costs for the child(ren) subject to this proceeding.

ANSWER:

20. 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:

21. 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 it is in the best interests of the child(ren) to be in your sole legal or sole physical custody.
- (b) All facts in support of your position it is not in the best interests of the child(ren) that the opposing party have joint legal or joint physical custody or for the child(ren)'s residential address not 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 persons who would reside there.
- (d) Please state 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 educational purpose) and identify the subject matter of which each named person may have personal knowledge.

ANSWER:

22. What type of contact do you want the child(ren) to have with the other parent, and how often do you want the child(ren) to visit with the other parent?

ANSWER:

23. 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:

**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 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.

\_\_\_\_\_  
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