IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF [NAME OF COUNTY]

|  |  |
| --- | --- |
| In re the Marriage of:[NAME],Petitioner,and[NAME],Respondent. | No. [#][E.G., PETITIONER'S FIRST] INTERROGATORIES AND REQUESTS FOR PRODOCTION PROPOUNDED UPON [E.G., RESPONDENT] |

TO: [NAME OF OPPOSING PARTY], [Respondent or Petitioner]

AND TO: [OPPOSING COUNSEL'S NAME], Attorney for [Respondent or Petitioner]

### INSTRUCTIONS

These are interrogatories and requests for production. They derive from the King County Bar Association’s pattern set, and are intended to elicit relevant information while reducing unnecessary cost. **Your responses are due within 30 days of the date you were served with these documents**.[[1]](#footnote-1) Any objections or privileges you may wish to assert should be stated in writing and served by the due date. It is not a valid objection to assert that the information is already available to the requesting party.

“IDENTIFY,” as used in these interrogatories, means to describe and define with particularity and precision.

If asked to IDENTIFY A PERSON, give the person’s name, last known residence and business address, telephone numbers, and company affiliation at the date of the transaction referred to.

“PERSON” includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, and public entity.

“DOCUMENT” includes all data, whether on paper or in electronic form, regardless of how it may be stored, produced, or reproduced.

“ASSET” or “PROPERTY” includes ANY interest in REAL or PERSONAL property. REAL PROPERTY means real estate. PERSONAL PROPERTY can include such things as automobiles, furniture, antiques, as well as such things as cash value insurance, securities, bonds, patents and loans or contract rights owed to you. It also includes, but is not limited to, any interest in a pension, profit-sharing, stock option, stock grant, or retirement plan, whether vested or not, as well as bank accounts, credit union accounts, brokerage accounts, stocks, bonds, mutual funds, Employee Savings Plans or any other rights or claims.

When referring to an asset, you are required to give your best estimate as to its value at the time of your response. You are also required to list all encumbrances (including but not limited to debts, mortgages, and liens) against the asset, and provide all particulars to such encumbrances and produce copies of all relevant documents regarding the encumbrances.

“DEBT” includes any obligation (including but not limited to debts paid since the date of separation in divorce and meretricious relationship cases). DEBT also includes all amounts owed to another person or entity and can include charge cards, contracts or loans.

“INCOME” includes money from any source, whether wages, self-employment, dividends, interest, capital gains, support, state aid, etc., whether or not taxable. It also includes overtime and bonuses. Further examples may be found in RCW 26.19.101(3) and RCW 26.19.101(4).

“INVESTMENTS” include such things as stocks, bonds options, precious metals or gems, antiques, collectibles or interests in businesses.

“SUPPORT” means any benefit or economic contribution to the living expenses of another person, or from another to you, including but not limited to gifts.

You must furnish all information you have or can reasonably find out, including all information (not privileged) reasonably available to you or your attorney. For example, you should get bank statements from your bank, if reasonable. If you don’t know the answer to a question, you should state that you do not know the answer. Answers should be complete and straightforward.

If an interrogatory is answered by referring to a document, the document must be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer can be found. *See* Civil Rule 33(c).

If an interrogatory cannot be answered completely, answer as much as you can, state the reason you cannot reasonably answer the rest, and state any information you have about the unanswered portion.

**As soon as you learn that an answer may be inaccurate or incomplete, you should supplement the answer. See Civil Rule 26(e) for supplementation requirements.**

You must answer questions in any of the following Parts that have a box checked:

[ ]  Part A – General Requests for Production of Documents

[ ]  Part B – General questions

[ ]  Part C. – Income and expense questions

[ ]  Part D. – Property and debt questions

[ ]  Part E – Parenting plan (children) questions

[ ]  Part F – Child and spousal support questions

[ ]  Part H – Questions for business owners

[ ]  Part I – Supplemental questions

DATED this \_\_\_\_\_\_ day of January, 2017.

GENESIS LAW FIRM, PLLC

[NAME OF ATTY], WSBA No. [#]

Attorneys for [Petitioner or Respondent]

## PART A

**REQUESTS FOR PRODUCTION OF DOCUMENTS**

**(This part need not be answered unless the appropriate box is checked in the certification on page 2.)**

**SPECIAL INSTRUCTIONS FOR THIS PART:**

You must produce the documents listed below. You are required to produce documents that are in your possession, and documents that are not in your possession if they are in your control or are accessible. *See* Civil Rules 34 and 33(c).

“DOCUMENT” means all written, electronic, recorded, or graphic materials, however stored, produced, or reproduced.

If you claim that any requested document is privileged under the law, you must identify that document by title, date, type (memorandum, letter, form, instrument, etc.), originator and recipient. You must also state the legal basis for your claim that the document is privileged.

|  |
| --- |
| **TIME PERIOD FOR THIS PART**Unless otherwise indicated, produce the following documents relating to **you or the other party for the following checked time periods** (Check all that apply)**:** [ ]  All times during your relationship. [ ]  From the time of your separation. Date: \_\_\_\_\_\_\_\_\_\_\_ [ ]  The last two years [ ]  From the time the last order of child support/spousal maintenance was entered to present. [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no box above is checked, the time period is for the last twelve (12) months. |

**A-1.** All federal and state income tax returns (including all schedules, attachments, and worksheets) for [ ]  the time periods checked above, or [ ]  Other:

**Response**:

**A-2.** All statements and other documents relating to any change in account value in any type of account in which you have an interest (whether or not in your name) with a bank, thrift, credit union, savings or mutual banks, securities dealer, mutual fund, and brokerage for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-3.** All registers related to the above accounts (including registers on computer).

**Response**:

**A-4.** All statements relating to investments of any kind, including but not limited to securities, stock certificates, debentures, bonds, notes, general and limited partnerships, futures contracts, contracts, options, mortgages, mutual funds, certificates of deposit, T-bills, REITs, tax credits, derivatives, and any other investment for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-5.** All documents relating to any ownership or other interest in real estate, including but not limited to deeds, settlement (closing) statements, and appraisals for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-6.** All leases and rental agreements (including real estate, car, and other leases) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-7.** All loan documents (including but not limited to loan applications, promissory notes, security documents, and lender statements showing balances including the current mortgage balance) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-8.** All documents showing the cost of acquisition and the title for any vehicle, (including but not limited to automobiles, trucks, motorcycles, motor homes, campers, trailers, watercraft, aircraft, etc.) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-9.** All life insurance policies, including declarations pages and periodic statements, and documents showing surrender value and any loans against those policies for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-10.** All documents relating to any type of annuity, pension, retirement, deferred compensation, and survivors benefits plan (including but not limited to annuity contracts, retirement savings programs, retirement plans, pensions, Social Security statements, disability retirement, IRAs) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-11.** All credit card statements for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-12.** All paycheck stubs for the last six (6) months and the most recent year-end pay stub, unless a different time period is indicated here:

**Response**:

**A-13.** All documents describing benefits of employment (including but not limited to statements of benefits and accrued benefits, stock options and stock grants, ESOPs, per diems, expense reimbursements, use of company vehicles, health and other insurance policies, bonuses, employee incentive plans, etc.) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-14.** All employment contracts (whether or not in force) for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-15.** All community property agreements, powers of attorney, nuptial agreements (prenuptial, postnuptial, antenuptial, etc.), separate property agreements, separation agreements, and wills and codicils, for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-16.** All trusts you have established and all documents showing contributions you have made to the trust, all trusts in which you are a beneficiary, and all documents showing any distributions you received for [ ]  the time periods checked above, or [ ]  Other:      .

**Response**:

**A-17.** The following documents relating to the finances of any business in which you have an ownership interest (excluding publicly traded businesses): all valuations and appraisals, offers to purchase, financial statements (including year-to-date), accounts receivable schedules, asset and depreciation schedules, federal, state, and local tax returns, and loan documents for the time periods checked above, unless otherwise indicated here:      .

**Response**:

**A-18.** All reports and opinions of any expert whom you are expected to call at trial.

**Response**:

**A-19.** Except for those already provided, all statements signed by witnesses that you (and/or your lawyer) have obtained that relate to this action.

**Response**:

## PART B

**GENERAL QUESTIONS**

**(This part need not be answered unless the appropriate box is checked in the certification on page 2.**

**B-1.** List:

|  |  |
| --- | --- |
| **Your full name:** |  |
| **Your date of birth:** |  |
| **Your birthplace:** |  |
| **Your social security number:** |  |
| **Your driver’s license number:** |  |
| **State/country that issued your driver’s license:** |  |
| **Your current residence address:** |  |
| **Your current work address:** |  |
| **Any other names you have ever used:** |  |
| **The date(s) you used each name:** |  |
| **The highest grade of education you have completed:** |  |
| **Any degrees you have:** |  |
| **Any professional or trade licenses you have:**  |  |

**B-2.** List all your prior marriages:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of marriage** | **Date marriage ended** | **Spouse’s name and current address** | **County/State where decree entered** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**B-3.** List all your children:

|  |  |  |
| --- | --- | --- |
| **Name** | **Date of Birth** | **Name and address of other parent** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**B-4.** Have you ever been or do you anticipate being a party to any other legal or administrative proceeding? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name of proceeding:** |  |
| **Jurisdiction and court/tribunal:** |  |
| **Case number:** |  |
| **Brief description:** |  |

**B-5.** For anyone who lives with you at your present address (other than children), state:

|  |  |
| --- | --- |
| Name:  |  |
| **Age:** |  |
| **Relationship to you:** |  |
| **Gross monthly income:** |  |

**B-6.** Do you provide financial support to anyone other than children of your present relationship or the opposing party? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name(s) of supported person(s):** |  |
| **Age(s) of supported persons(s):** |  |
| **Address(es) of supported persons(s):** |  |
| **Amount of monthly support:** |  |
| **Date(s) support obligation(s) end(s):** |  |

**B-7.** Within the last twelve months, have you received financial support from anyone other than the opposing party? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name of person for whom support received:** |  |
| **Age of person for whom support received:** |  |
| **Relationship of person for whom support received:** |  |
| **Amount received:** |  |
| **Source of support each month:** |  |

**B-8.** Have you served any branch of the military of the United States or any other country? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Branch of service:** |  |
| **Date(s) of service:** |  |
| **Discharge type:** |  |
| **Benefits to which you are entitled or will become entitled as a result of your service:** |  |

## PART C

**INCOME AND EXPENSE QUESTIONS**

**(This part need not be answered unless the appropriate box is checked in the certification on page 2.**

**SUBPART 1**

**INCOME**

**C-1.** For the last twelve (12) months, state for each:

|  |  |
| --- | --- |
| **Name and address of employer(s):** |  |
| **Date you started working:** |  |
| **Job title(s):** |  |
| **Job description(s):** |  |
| **Pay period(s) (weekly, every other week, twice per month, monthly):** |  |
| **Rate(s) of pay (including bonuses, overtime, and commissions):** |  |

**C-2.** Have you worked any overtime in the last twelve (12) months? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Amount of overtime you worked in each of the last 12 months:** |  |
| **Your overtime earnings each of the last 12 months:** |  |
| **Anticipated availability of overtime work in next 12 months:** |  |

**C-3.** Have you missed any time from work in the last twelve (12) months? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| Amount of time you missed: |  |
| **Reason you missed this time:** |  |
| **Amount of lost earnings:** |  |
| **Sick/vacation/disability taken:** |  |

**C-4.** Do you expect any bonuses, raises or promotions during the next year? [ ] YES or [ ] NO? If yes, state which one, the amount and when you expect it.

**Answer**:

**C-5.** If you are eligible for a bonus or raise, state:

|  |  |
| --- | --- |
| **How it is calculated or determined:** |  |
| **When it is expected:** |  |

**C-6.** Have you received any bonuses or raises from your present employer in the past two (2) years? [ ] YES or [ ] NO. If yes, state:

|  |  |  |
| --- | --- | --- |
| **Date** | **Bonus or Raise?** | **Amount** |
|  |  |  |
|  |  |  |

**C-7.** State the following as of the date of separation:

|  |  |
| --- | --- |
| **Accrued vacation:** |  |
| **Accrued sick leave:** |  |
| **Accrued comp time:** |  |

**C-8.** Summarize your employment benefits, as follows:

|  |  |
| --- | --- |
| **LIFE INSURANCE** |  |
| **Name of Insurer:** |  |
| **Face amount of policy:** | $ |
| **Amount of premiums or payments made by you per month:** | $ |
| **Beneficiaries for each policy:** |  |
| **HOSPITAL, MEDICAL AND DENTAL INSURANCE** |  |
| **Type of insurance:** |  |
| **Name of insurer:** |  |
| **Dependents covered:** |  |
| OTHER |  |
| **Cafeteria plan (amount currently in plan, purposes):** |  |
| **Disability (insurer, amount):** |  |
| **Paid vacation (amount per year):** |  |
| **Paid sick leave (amount per year):** |  |
| **Retirement/pension/deferred compensation (plan name):** |  |
| **Stock options or grants:** |  |
| **Clubs/use of car or computer/discounts:** |  |

**C-9.** What do you pay (not your employer’s portion) for medical/dental/vision coverage:

|  |  |  |  |
| --- | --- | --- | --- |
|  | MEDICAL | DENTAL | VISION |
| **For yourself:** |  |  |  |
| **For your spouse:** |  |  |  |
| **For each child:** |  |  |  |
| **For any other dependents:** |  |  |  |

**C-10.** Are you presently retired, otherwise unemployed or receiving social security benefits of any type? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Reason for your unemployment or receipt of social security benefits:** |  |
| **Date you were last employed:** |  |
| **Summarize your efforts to obtain employment:** |  |
| **The amount of benefits you receive (including but not limited to pension/retirement, survivors benefits, disability, social security, and deferred compensation):** |  |

**C-11.** State your employment history for the last       years (5 years if left blank), as follows:

|  |  |
| --- | --- |
| **Each prior employer:** |  |
| **Each position:** |  |
| **Each salary or wage:** |  |

**C-12.** Have you received any income, gifts (over $250), or benefits not identified above, in the past twenty-four (24) months whether or not taxable? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Description:** |  |
| **Amounts received:** |  |
| **How often received:** |  |

**SUBPART 2**

**EXPENSES**

**C-13.** [ ]  If this box is checked, state your **current average monthly expenses** in each of the following categories OR attach a completed Financial Declaration, Washington mandatory form no. WPF DRPSCU 01.1550.

**[ ] CHECK HERE IF THERE HAS BEEN NO CHANGE SINCE THE LAST FINANCIAL DECLARATION FILED WITH THE COURT.**

**HOUSING EXPENSES—AVERAGE MONTHLY:**

Mortgage or rent payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Installment payments for other mortgages or encumbrances $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property taxes & insurance (if not in monthly payments) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (yard work, assessments, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**UTILITIES EXPENSES—AVERAGE MONTHLY:**

Heat (gas & oil) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electricity $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water, sewer & garbage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internet $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TV cable/satellite $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD FOOD & SUPPLIES EXPENSES—AVERAGE MONTHLY (for \_\_\_\_ persons):**

Food $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pets $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals eaten out $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHILDREN’S EXPENSES—AVERAGE MONTHLY:**

Daycare & babysitter $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s clothing & shoes $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s lessons, activities & clubs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s school expenses (including lunches but

not tuition) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s tuition $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children’s haircuts, allowances, personal expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION EXPENSES—AVERAGE MONTHLY:**

Vehicle payments or leases $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle insurance & license $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vehicle gas, oil & maintenance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking, tolls $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Taxis and public transportation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CARE EXPENSES—AVERAGE MONTHLY:**

Health insurance for yourself $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance for your children $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health insurance for anyone else $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured medical expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured dental expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured eye care expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Uninsured drugs, prosthetics, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL (ADULT) EXPENSES—AVERAGE MONTHLY:**

Clothing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cleaning $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cosmetics $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clubs $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recreation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education (including but not limited to tuition) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books, magazines, newspapers, photos, etc. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gifts $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Contributions and tithing $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Life insurance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Court-ordered support or maintenance $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For (name[s]) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings programs (401k, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PART D

**PROPERTY AND DEBT QUESTIONS**

## (This part need not be answered unless the appropriate box is checked in the certification on page 2.

**SUBPART 1**

## PROPERTY

**D-1.** Describe all property in which you or the other party have or had during these time periods: (a) at the time you started living together, (b) at the time of marriage, (c) at the time of separation, and (d) today. Check the appropriate box for community property, separate property, or jointly owned property. (If you own an interest together with another party, name that party.)

**(a) For any separate property claimed, based on property in existence when you started living together:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE | DESCRIPTION | **Comm’y** | **Separate** | **Joint** | **VALUE** |
| Real Estate: |  |  |  |  | **Answer D2** |
| **Furniture, Furnishings, Appliances:** |  |  |  |  | $ |
| **Jewelry, Antiques, Art, Collections:** |  |  |  |  | $ |
| **Vehicles:** |  |  |  |  | $ |
| **Boats, Trailers, Aircraft:** |  |  |  |  | $ |
| **Savings Accounts:** |  |  |  |  | $ |
| **Checking Accounts:** |  |  |  |  | $ |
| **Credit Union, Other Accounts:** |  |  |  |  | $ |
| **Cash:** |  |  |  |  | $ |
| **Tax Refund:** |  |  |  |  | $ |
| **Life Insurance:** |  |  |  |  | $ |
| **Annuities:** |  |  |  |  | $ |
| **Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:** |  |  |  |  | $ |
| **Retirement and Pension Plans:** |  |  |  |  | $ |
| **Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:** |  |  |  |  | $ |
| **Accounts Receivable And Unsecured Notes:** |  |  |  |  | $ |
| **Business Interests:** |  |  |  |  | $ |
| **Airline Miles:** |  |  |  |  | $ |
| **Patents, Trademarks, Copyrights:** |  |  |  |  | $ |
| **Property held by others:** |  |  |  |  |  |
| **Other Assets:** |  |  |  |  | $ |

**(b) For any separate property claimed based on property in existence at the time of marriage:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE | DESCRIPTION | **Comm’y** | **Separate** | **Joint** | **VALUE** |
| Real Estate: |  |  |  |  | **Answer D2** |
| **Furniture, Furnishings, Appliances:** |  |  |  |  | $ |
| **Jewelry, Antiques, Art, Collections:** |  |  |  |  | $ |
| **Vehicles:** |  |  |  |  | $ |
| **Boats, Trailers, Aircraft:** |  |  |  |  | $ |
| **Savings Accounts:** |  |  |  |  | $ |
| **Checking Accounts:** |  |  |  |  | $ |
| **Credit Union, Other Accounts:** |  |  |  |  | $ |
| **Cash:** |  |  |  |  | $ |
| **Tax Refund:** |  |  |  |  | $ |
| **Life Insurance:** |  |  |  |  | $ |
| **Annuities:** |  |  |  |  | $ |
| **Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:** |  |  |  |  | $ |
| **Retirement and Pension Plans:** |  |  |  |  | $ |
| **Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:** |  |  |  |  | $ |
| **Accounts Receivable And Unsecured Notes:** |  |  |  |  | $ |
| **Business Interests:** |  |  |  |  | $ |
| **Airline Miles:** |  |  |  |  | $ |
| **Patents, Trademarks, Copyrights:** |  |  |  |  | $ |
| **Property held by others:** |  |  |  |  |  |
| **Other Assets:** |  |  |  |  | $ |

**(c) Property owned at the time of separation:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE | DESCRIPTION | **Comm’y** | **Separate** | **Joint** | **VALUE** |
| Real Estate: |  |  |  |  | **Answer D2** |
| **Furniture, Furnishings, Appliances:** |  |  |  |  | $  |
| **Jewelry, Antiques, Art, Collections:** |  |  |  |  | $  |
| **Vehicles:** |  |  |  |  | $  |
| **Boats, Trailers, Aircraft:** |  |  |  |  | $ |
| **Savings Accounts:** |  |  |  |  | $ |
| **Checking Accounts:** |  |  |  |  | $ |
| **Credit Union, Other Accounts:** |  |  |  |  | $ |
| **Cash:** |  |  |  |  | $ |
| **Tax Refund:** |  |  |  |  | $ |
| **Life Insurance:** |  |  |  |  | $ |
| **Annuities:** |  |  |  |  | $ |
| **Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:** |  |  |  |  | $ |
| **Retirement and Pension Plans:** |  |  |  |  | $ |
| **Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:** |  |  |  |  | $ |
| **Accounts Receivable And Unsecured Notes:** |  |  |  |  | $ |
| **Business Interests:** |  |  |  |  | $ |
| **Airline Miles:** |  |  |  |  | $ |
| **Patents, Trademarks, Copyrights:** |  |  |  |  | $ |
| **Property held by others:** |  |  |  |  |  |
| **Other Assets:** |  |  |  |  | $ |

**(d) Property owned today:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TYPE | DESCRIPTION | **Comm’y** | **Separate** | **Joint** | **VALUE** |
| Real Estate: |  |  |  |  | **Answer D2** |
| **Furniture, Furnishings, Appliances:** |  |  |  |  | $  |
| **Jewelry, Antiques, Art, Collections:** |  |  |  |  | $ |
| **Vehicles:** |  |  |  |  | $ |
| **Boats, Trailers, Aircraft:** |  |  |  |  | $ |
| **Savings Accounts:** |  |  |  |  | $ |
| **Checking Accounts:** |  |  |  |  | $ |
| **Credit Union, Other Accounts:** |  |  |  |  | $ |
| **Cash:** |  |  |  |  | $ |
| **Tax Refund:** |  |  |  |  | $ |
| **Life Insurance:** |  |  |  |  | $ |
| **Annuities:** |  |  |  |  | $ |
| **Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:** |  |  |  |  | $ |
| **Retirement and Pension Plans:** |  |  |  |  | $ |
| **Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:** |  |  |  |  | $ |
| **Accounts Receivable And Unsecured Notes:** |  |  |  |  | $ |
| **Business Interests:** |  |  |  |  | $ |
| **Airline Miles:** |  |  |  |  | $ |
| **Patents, Trademarks, Copyrights:** |  |  |  |  | $ |
| **Property held by others:** |  |  |  |  |  |
| **Other Assets:** |  |  |  |  | $ |

**D-2**. For any real estate listed in response to question D-1, state:

|  |  |
| --- | --- |
| **Address/Description of property:** |  |
| **Date acquired:** |  |
| **Purchase price:** |  |
| **Down payment and source:** |  |
| **Current value:** |  |
| **Encumbrances (principal amount):** |  |
| **Encumbrance holders:** |  |
| **Monthly payments:** |  |
| **Description of improvements made:** |  |
| **Date of each improvement:** |  |
| **Cost and source of funds for each improvement:** |  |

**D-3**. For any disability, retirement, profit sharing, or deferred compensation plans, state:

|  |  |
| --- | --- |
| **Name of each plan:** |  |
| **Type of plan:** |  |
| **Name of employer who contributed to each plan (if any):** |  |
| **Date your employment commenced with each employer who contributed to plan:** |  |
| **Date you separated employment from each employer who contributed to plan:** |  |
| **Present value of your interests in each plan:** |  |
| **Name, address, and phone number of administrator:** |  |

**D-4**. Do you claim any item listed is your separate property or the separate property of the other party? [ ] YES or [ ] NO. If yes, state for each item:

|  |  |
| --- | --- |
| **Description of Separate Property:** | **Reason Why It Is Separate Property:** |
|  |  |
|  |  |
|  |  |

**D-5**. For any stock purchase rights (including but not limited to stock options, stock grants, etc.), whether or not vested, state:

|  |  |
| --- | --- |
| Dates when rights may be exercised: |  |
| **Maximum and minimum number of shares to be purchased:** |  |
| **Price per share or basis of computation of price:** |  |

**D-6.** In the past 24 months, have there been any appraisals or offers to purchase any item of property listed above? [ ] YES or [ ] NO. If yes, identify the item and state the amount and source of the appraisal or offer. Attach a copy of each appraisal or offer.

**D-7.** Is there any property held by anyone other than you or opposing party in which either of you has any interest? If yes, describe the property.

**Answer**:

**D-8.** Have you sold or transferred any property worth over $1,000 in the last year? [ ] YES or

[ ] NO. If yes, state:

|  |  |  |
| --- | --- | --- |
| **Description of property:** | **Transferred to:** | **Money received:** |
|  |  |  |
|  |  |  |
|  |  |  |

**D-9.** Are you a member of any clubs or associations? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Name of Club/Association:** |  |
| **Date joined:** |  |
| **Fees/Dues:** |  |
| **Deposits and Interests payable to you upon termination of membership:** |  |

**D-10.** Does anyone (including but not limited to family members) owe you or the marital community any money, goods or services? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Name and address of obligor:** |  |
| **Amount owed:** |  |
| **Date obligation incurred:** |  |
| **Terms of obligation:** |  |

**D-11.** Do you or the marital community have any claims against any other person or company? [ ] YES or [ ] NO? If yes, state the nature and estimated value of each claim:

**D-12.** In the last two years, did you have or did you store anything in a safe or safe deposit box? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Location of safe or safe deposit box:** |  |
| **Name under which safe deposit box was rented:** |  |
| **Date on which any item removed:** |  |
| **Description of items removed:** |  |
| **Current inventory:** |  |

**D-13.** Do you claim the right to be reimbursed by opposing party or the marital community for any expenditure? [ ] YES or [ ] NO. If your answer is yes, state the claim and all the supporting facts.

**Answer**:

**D-14.** Do you claim reimbursement credits for payments made by you on community debts since the date of separation? [ ] YES or [ ] NO. If yes, identify the creditor and state the date of the payments, the amount paid, the source of funds used to make the payments and any amounts you have added to the debt since the separation from opposing party.

**Answer**:

**D-15.** Do you claim the opposing party dissipated or wasted any marital or joint assets? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Description of each asset:** |  |
| **Value of each asset:** |  |
| **Basis for your claim that asset was dissipated or wasted:** |  |

**D-16.** Have you suffered an injury or loss of any type for which you may or should receive compensation? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Date of injury:** |  |
| **Person who caused injury:** |  |
| **Nature of injury:** |  |
| **Has a claim been filed?** |  |
| **With whom?** |  |
| **Claim number:** |  |
| **Court name and case number:** |  |
| **Amount you believe you should receive :** |  |

**SUBPART 2**

**DEBTS**

**D-17.** List all your debts for the following time periods: (a) at the time you started living together, (b) at the time of marriage, (c) at the time of separation, and (d) at present. Check the appropriate box for community debt, separate debt, or joint debt. If you owe a debt with another party, name that party.

**(a) Debt at the time you started living together:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CATEGORY | DESCRIPTION | **ACCOUNT NUMBER** | **Comm’y** | **Separate** | **Joint** | **AMOUNT OWED** |
| **Student Loans:** |  |  |  |  |  | $ |
| **Credit Cards:** |  |  |  |  |  | $ |
| **Secured Loans:** |  |  |  |  |  | $ |
| **Unsecured Loans:** |  |  |  |  |  | $ |
| **Judgments:** |  |  |  |  |  | $ |
| **Taxes:** |  |  |  |  |  | $ |
| **Support Arrears:** |  |  |  |  |  | $ |
| **Other Debts:** |  |  |  |  |  | $ |

**(b) Debt at the time of marriage:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CATEGORY | DESCRIPTION | **ACCOUNT NUMBER** | **Comm’y** | **Separate** | **Joint** | **AMOUNT OWED** |
| **Student Loans:** |  |  |  |  |  | $ |
| **Credit Cards:** |  |  |  |  |  | $ |
| **Secured Loans:** |  |  |  |  |  | $ |
| **Unsecured Loans:** |  |  |  |  |  | $ |
| **Judgments:** |  |  |  |  |  | $ |
| **Taxes:** |  |  |  |  |  | $ |
| **Support Arrears:** |  |  |  |  |  | $ |
| **Other Debts:** |  |  |  |  |  | $ |

**(c) Debt at the time of separation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CATEGORY | DESCRIPTION | **ACCOUNT NUMBER** | **Comm’y** | **Separate** | **Joint** | **AMOUNT OWED** |
| **Student Loans:** |  |  |  |  |  | $ |
| **Credit Cards:** |  |  |  |  |  | $ |
| **Secured Loans:** |  |  |  |  |  | $ |
| **Unsecured Loans:** |  |  |  |  |  | $ |
| **Judgments:** |  |  |  |  |  | $ |
| **Taxes:** |  |  |  |  |  | $ |
| **Support Arrears:** |  |  |  |  |  | $ |
| **Other Debts:** |  |  |  |  |  | $ |

**(d) Debt at present time:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CATEGORY | DESCRIPTION | **ACCOUNT NUMBER** | **Comm’y** | **Separate** | **Joint** | **AMOUNT OWED** |
| **Student Loans:** |  |  |  |  |  | $ |
| **Credit Cards:** |  |  |  |  |  | $ |
| **Secured Loans:** |  |  |  |  |  | $ |
| **Unsecured Loans:** |  |  |  |  |  | $ |
| **Judgments:** |  |  |  |  |  | $ |
| **Taxes:** |  |  |  |  |  | $ |
| **Support Arrears:** |  |  |  |  |  | $ |
| **Other Debts:** |  |  |  |  |  | $ |

**D-18.** For any debt identified in interrogatories D-17(a) and D-17(b) that was paid during the time you lived together or during marriage, state:

|  |  |
| --- | --- |
| **The amount paid:** |  |
| **The source of funds for the payment(s):** |  |

**D-19.** Do you claim any debt listed is your separate obligation or the separate obligation of the other party? [ ] YES or [ ] NO. If yes, state for each item:

|  |  |
| --- | --- |
| **Description of separate obligation:** | **Reason why it is a separate obligation:** |
|  |  |
|  |  |
|  |  |

## PART E

**PARENTING PLAN (CHILDREN) QUESTIONS**

## (This part need not be answered unless the appropriate box is checked in the certification on page 2)

**E-1.** For every health care professional (including but not limited to any professional who provided mental health care or counseling) who has treated any of your minor children in the last five years, state:

|  |  |
| --- | --- |
| **Name of each professional:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Name of child seen:** |  |
| **Date of each visit**  |  |
| **Reason for seeing the child**  |  |

**E-2.** Have you taken any controlled substances, including but not limited to prescription drugs in the past twelve (12) months? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name(s) of any controlled substances you used during the past twelve months:** |  |
| **Frequency with which you have taken each substance:** |  |
| **Date you began to take each substance:** |  |
| **Name, address, and telephone number of provider who prescribed the substance(s) and the reason prescribed:** |  |
| **Date you last used each substance** |  |
| **Name, address, and telephone number of each pharmacy where you purchased substances:** |  |

**E-3.** Haveyou consumed alcohol at all within the past twelve (12) months? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **The amount of alcohol you typically drink:** |  |
| **What kind of alcohol you typically drink:** |  |
| **Your regular pattern of usage, including whether you have been too intoxicated to legally operate a motor vehicle:** |  |

**E-4.** Have you ever been arrested, charged with, or convicted of a criminal offense or been investigated in any licensing matter? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name, address and telephone number of the police department/authority who arrested/investigated you:** |  |
| **Nature of (alleged) offense:** |  |
| **Disposition of case including sentence/discipline imposed:** |  |
| **Date of occurrence:** |  |
| **Names, addresses, and phone numbers of any persons involved in case (for example, victim, witnesses, other defendants, attorneys, prosecutors, investigators, etc.):** |  |

**E-5.** During your relationship with the other party, (a) were the police ever contacted concerning you or your family or household, or (b) did the police come to your residence concerning anything that happened in your household? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **The date(s) the police were called:** |  |
| **Why the police were called:** |  |
| **Who called the police (name, address and telephone number):** |  |
| **Whether a police report was ever filed:** | [ ] YES or [ ] NO |
| **Name, address and telephone number of police department:** |  |
| **Name and badge number of police officer who filed the report:** |  |
| **Case number assigned to the report**: |  |

**E-6.** For each person who has personal knowledge concerning any fact relating to thecare of your child(ren) and for each individual named in the preceding Interrogatory, state what knowledge he/she has that is relevant to this case:

|  |  |
| --- | --- |
| **Name, address, and phone number:** |  |
| **Relationship of the person to the parties and the child(ren):** |  |
| **A summary of the person’s relevant knowledge:** |  |

**E-7.** Provide a proposed parenting plan if you have not already done so.

**Answer**:

**E-8.** Are you opposed to joint decision making? [ ] YES or [ ] NO. If yes, state why.

**E-9.** What parenting functions have you performed in the past 24 months?

**Answer**:

**E-10.** Do you anticipate any change in your residence or work in the next 24 months that may affect the residential schedule for the children? If so, describe in detail the anticipated change, and how you think it may affect the schedule.

**Answer**:

**E-11.** Do you contend the other parent is an unfit parent or has problems that negatively impact his/her parenting abilities? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **The facts that support your contention:** |  |
| **The name, address, phone number of each person who has information to support your contention and the information known to the person:** |  |

**E-12.** Do you believe there is a basis for restrictions of any sort on the other parent’s parenting of any minor child? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **The facts that support your contention:** |  |
| **The name, address, phone number of each person who has information to support your contention and the information known to the person:** |  |

**E-13.** Has CPS (or any other agency) in any jurisdiction charged with investigating child abuse or neglect ever been contacted about you, the other parent, or a new spouse or companion of you or the other parent? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **The facts surrounding agency involvement:** |  |
| **Who contacted CPS (if known):** |  |
| **Approximate date of the contact:** |  |
| **The name(s) and relationship(s) to you of the children that were the subject(s) of the investigation:** |  |
| **The outcome of the investigation:** |  |
| **The current status of CPS involvement:** |  |
| **Which CPS office was involved:** |  |

**PART F**

**CHILD AND SPOUSAL SUPPORT QUESTIONS**

## (This part need not be answered unless the appropriate box is checked in the certification on page 2.

### **F-1. Do any of your children have any special needs? [ ] YES or [ ] NO. If yes, state:**

|  |  |
| --- | --- |
| Name of each child with a special needs: |  |
| **Describe the special needs:** |  |
| **Names and addresses of professionals with knowledge of special needs:** |  |
| **Expected duration:** |  |
| **Current monthly costs for special need:** |  |
| **Expected future costs:** |  |

**F-2.** Do or will any of your children attend private school? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name of child(ren):** |  |
| **Name of private school:** |  |
| **Tuition/fees:** |  |
| **Financial aid received:** |  |
| **Reason why child is attending private school:** |  |

**F-3.** Are any of your children in college, university, trade school, or other post-secondary educational institution, or are any child(ren) expected to attend? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name of child(ren):** |  |
| **Name, address, and telephone number of college, university, trade school, or other post-secondary educational institution:** |  |
| **Degree, certificate, or special skill that will result from education:** |  |
| **Year education is expected to be completed:** |  |
| **Annual tuition, fees, and other costs (specify):** |  |
| **Date(s) of financial aid applications:** |  |
| **Financial aid and scholarships received:** |  |
| **How have the tuition, fees, and other costs been paid?** |  |

**F-4.** Have you or a dependent ever received public assistance, including but not limited to AFDC, and daycare or medical assistance? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Dates you received benefits:** |  |
| **Types of benefits:** |  |
| **Amounts received:** |  |
| **Name you used to receive benefits:** |  |
| **Whether you were required to name any individual as the other parent(s) of your child(ren) to receive benefits:** |  |
| **Name of person identified as the other parent:** |  |

**F-5.** State:

|  |  |
| --- | --- |
| **All degrees and educational certificates you have:** |  |
| **Date(s) you obtained each degree or certificate:** |  |
| **Name of each institution granting degree or certificate:** |  |

**F-6.** Do you believe you should receive spousal maintenance? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **All reasons why you should receive spousal maintenance:** |  |
| **The amount you request** |  |
| **How you arrived at the amount:** |  |
| **The duration of spousal maintenance you request:** |  |
| **How you arrived at the duration:** |  |

**F-7.** Are you currently enrolled or planning to enroll in any university, trade school, or educational program? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name, address, and telephone number of college, university, trade school, or other educational program:** |  |
| **Degree, certificate, or special skill that will result from education:** |  |
| **Year education is expected to be completed:** |  |
| **Annual tuition, fees, and other costs (specify):** |  |
| **Date(s) of financial aid applications:** |  |
| **Financial aid and scholarships received:** |  |
| **How have the tuition, fees, and other costs been paid?** |  |

**F-8.** Have you ever consulted a mental health professional concerning yourself? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Name, address, and telephone number of each professional you saw:** |  |
| **Reason(s) seen:** |  |
| **Date(s) or timeframe when seen:** |  |
| **Result of treatment:** |  |

**F-9.** Have you ever consulted, been treated, or been recommended treatment for any problem relating to drugs, alcohol and/or any mental health condition? [ ] YES or [ ] NO. If yes, for each recommendation or period of treatment state:

|  |  |
| --- | --- |
| **Name, address and phone number of the person who recommended treatment:** |  |
| **Reason for the recommendation:** |  |
| **Date treatment began:** |  |
| **Date treatment ended:** |  |
| **Diagnosis during treatment:** |  |
| **Result of treatment:** |  |

## PART H

## QUESTIONS FOR BUSINESS OWNERS

**(This part need not be answered unless the appropriate box is checked in the certification on page 2.**

**H-1.** For each business in which you have an interest, state:

|  |  |
| --- | --- |
| **Name of business, including any dba:** |  |
| **Description of business:** |  |
| **Ownership structure (e.g., partnership, corporation, sole proprietor, etc.):** |  |
| **Exact nature of your interest (including percentage or number of shares/units):** |  |
| **Date you acquired your interest:** |  |
| **Your contributions for which you received your interest (financial and otherwise):** |  |
| **Name and address of company accountant:** |  |
| **Your percentage share of profits each year:** |  |
| **The State where the business is incorporated or registered:** |  |
| **All States where the business does business:** |  |

**H-2.** Describe the fixed assets used in each of the businesses listed above and the current value of those assets.

**Answer**:

**H-3.** Are you an officer or director of any corporation? [ ] YES or [ ] NO. If yes, state the name of the corporation, the date you acquired the position, and the present term of the position.

**H-4.** Have you solicited or received any offers or inquiries, whether formal or informal, to purchase any of the businesses listed above? [ ] YES or [ ] NO. If yes, give details, including but not limited to the identity of all persons with knowledge.

**H-5.** Do any businesses listed above have an interest in any patent, trade mark, trade secret, or process? [ ] YES or [ ] NO. If yes, describe.

**Answer**:

**H-6.** State:

|  |  |
| --- | --- |
| **Name, address, and telephone number of the accountant for the business:** |  |
| **Name, address, and telephone number of the custodian of records for the business:** |  |

**H-7.** For each investment and loan you made to each business, state:

|  |  |
| --- | --- |
| **Date(s):** |  |
| **Amount(s):** |  |
| **Source(s) of funds:** |  |

**H-8.** Has there been any kind of valuation or appraisal of the business or your interest in the business? [ ] YES or [ ] NO. If yes, give details.

**Answer**:

## PART I

**SUPPLEMENTAL QUESTIONS**

**(This part need not be answered unless the appropriate box is checked in the certification on page 2.**

**I-1.** Identify each health, life, automobile, and disability insurance policy or plan that you now own or that covers you, your children, or your assets. State the insurance company, policy type, policy number and the insurance agent’s name, address and phone number.

**Answer**:

**I-2.** Prior to the date of your marriage, did you live with your spouse? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Beginning and ending dates for each period when you resided together:** |  |
| **Addresses where you resided together (for each period):** |  |
| **Arrangements for sharing expenses for each period when you resided together:** |  |

**I-3.** Are you currently separated from the opposing party? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Date of separation:** |  |
| **Reason for separation:** |  |
| **Start and end dates of any prior separations:** |  |

**I-4.** Were any agreements between you and your spouse made before or during your marriage or after your separation that affect the disposition of assets, debts, or support in this proceeding? If yes, for each agreement state the terms, the date made, whether it was written or oral and attach a copy of the agreement or describe its content.

**Answer**:

**I-5.** With respect to any gifts you made in the last 24 months worth more than $250, state:

|  |  |
| --- | --- |
| **Description of gift:** |  |
| **Value:** |  |
| **Name and address of recipient:** |  |

**I-6.** Have you paid or do you owe any deposit, retainer, or fees to any attorney in regard to this action? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Name and address of each attorney:** |  |
| **The amount paid:** |  |
| **The amount owed:** |  |
| **The date(s) services were rendered:** |  |

**I-7.** Since the date of the last order, have you filed any case under the Bankruptcy Code? [ ] YES or [ ] NO? If yes, state:

|  |  |
| --- | --- |
| **Date and place of filing:** |  |
| **Case number:** |  |
| **Names of co-petitioner(s):** |  |
| **Date and outcome of the final disposition:** |  |

**I-8.** Do you have any condition that could impede your ability to work or care for a child? [ ] YES or [ ] NO. If yes, state:

|  |  |
| --- | --- |
| **Description of condition:** |  |
| **Prognosis:** |  |
| **Treating health care provider name and address:** |  |

**I-9.** If you claim the right to be reimbursed by opposing party or the marital community, please provide any documents you believe support your claim.

**Response**:

**I-10.** If you claim reimbursement credits for payments you made on community debts since the date of separation, please provide any documents you believe support your claim.

**Response**:

**I-11.** If you claim the opposing party dissipated or wasted any marital or joint assets, please provide any documents you believe support your claim.

**Response**:

**ANSWERING PARTY TO COMPLETE:**

 I certify and declare under penalty of perjury under the laws of the State of Washington that I have completed the above responses, know the contents thereof, and believe the same to be true. Except where I have specifically objected, I have provided true, correct, and complete copies or originals of all requested documents in my possession or control and all documents to which I have access.

 The responses and objections comply with the requirements imposed by the Civil Rules and the local rules:

 DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY WHERE SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 [NAME OF RESPONDING PARTY]

1. If you are the non-petitioning party and these interrogatories and requests for production are served within ten (10) days from the services of the petition, the responses are due forty (40) days from the date of service of the Petition. [↑](#footnote-ref-1)