**IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS DOMESTIC RELATIONS DIVISION**

**GEOFFREY HATCHER PLAINTIFF**

**VS. NO. 60DR-24-3810**

**CAROLINE HATCHER DEFENDANT**

**THE DEFENDANT’S FIRST SET OF INTERROGATORIES AND REQUESTS FOR PRODUCTION OF DOCUMENTS PROPOUNDED UPON THE PLAINTIFF**

Comes now, the Defendant, Caroline Hatcher (the “Defendant”), by and through her attorneys, Dodds, Kidd, Ryan & Rowan, and Pursuant to Arkansas Rules of Civil Procedure, the Defendant hereby serves the following Interrogatories and Requests for Production of Documents upon the Plaintiff, Geoffrey Hatcher (the “Plaintiff”), in this cause and requests that they be answered separately and under oath, in accordance with said Rules within thirty days after service thereof.

**INSTRUCTIONS**

1. For each document or other requested information that you assert is privileged or for any other reason excludable from discovery, identify that document or other requested information. State the specific grounds for the claim of privilege or other grounds for exclusion. Also, for each document, state the date of the document, the name, job titles and address of the person who prepared it; the name, address and job title of the person whom it was addressed or circulated or who say it; the name, job title, and address of the person now in possession of the document; and a description of the subject matter of the document.
2. For any requested information about a document that no longer exists or cannot be located, identify the document; state how and when it passed out of existence, or when it could no longer be located, and the reason(s) for the disappearance. Also, identify each person having knowledge about the disposition or loss and identify each document evidencing the existence or nonexistence of each document that cannot be located.

**INTERROGATORY NO. 1:** Please state your full name, date of birth, current address,

current phone number, and Social Security number.

**INTERROGATORY NO. 2:** Please state your educational background, including high-

school attended, all colleges attended (and dates attended), trade technical schools, and institutes of higher learning attended (and dates attended); all degrees obtained and the dates any such degrees were obtained; any professional licensure or certificates you hold and the dates on which you were licensed.

**INTERROGATORY NO. 3:** Please describe where you are currently living, including

the following:

* 1. The address; 1915 Biscayne Dr. Little Rock AR 72227
  2. The type of building, whether a mobile home, house, apartment, etc.;
  3. The other occupants in the home;
  4. Whether you own the home or rent; Neither
  5. The amount of monthly rental or mortgage payments; 1500/month
  6. Who pays the monthly expenses, providing information for each household expense; Geoff Hatcher 900/month expenses
  7. The size of the home, including the number of bedrooms and bathrooms. 1400 sqft

**INTERROGATORY NO. 4:** Please state your present occupation and the name and

address of your employer, state your present annual salary or average yearly income, frequency of payment and how much is being withheld for federal withholding, state withholding and other deductions, all employment benefits; or if self-employed, please state that nature of your business, its location(s), and the amount of your capital investment. If you are not currently employed, please provide the date you were last employed, the name and address of your last employer, and the

salary or average yearly income at your last employment. Please also state the reasons why you are no longer employed. Unemployed. Im unemployed because my estranged wife lied and told my boss that I was doing heroin and because I was arrested for domestic Battery due to false police reports submitted by my estranged wife. I now cannot make it through the background check required of an Airline Transport Captain. Ive been forced back into flight instruction to pilot clients by appointment.

**REQUEST FOR PRODUCTION NO. 1:** Please produce a copy of the last twelve (12)

consecutive months’ worth of employment paystubs. I’m providing instruction to pilot clients by appointment.

**INTERROGATORY NO. 5:** Please describe with specificity your current weekly work

schedule, your work schedule for the past six (6) months, and your future work schedule if it will change in the next six (6) months. I’m providing instruction to pilot clients by appointment.

**REQUEST FOR PRODUCTION NO. 2:** Please sign and return the attached

Employment Records Authorization.

**INTERROGATORY NO. 6:** List the name and address of any and all sources from which

you derived income during the past five (5) years, stating the name and address of your employer, the amount earned annually from each source, the frequency of payment, and the nature of your business. Include in such list all income earned from odd jobs, gambling income, prizes, or awards received. Please separately describe any bonuses, incentives or commissions received and the contract, plan, or arrangement by which such bonuses, etc. were paid or promised.

Charter express 301 Louisiana little rock ar. 72227 115,000/year

Rennia aviation Gainesville florida 150,000/year

RVR Aviation 150,000/year

**INTERROGATORY NO. 7:** Do you receive or expect to receive any income from any

source other than your employment in the foreseeable future? No If so, please state:

* + 1. When;
    2. How much; and
    3. From whom.

**INTERROGATORY NO. 8:** Please state whether you currently receive any type of

government assistance. If the answer is in the affirmative, please state the type of assistance received; the date you began receiving such assistance; the amount of assistance received each

month; and for whom the assistance is used. None

**INTERROGATORY NO. 9:** Please list all businesses (including non-profit entities) in

which you are now engaged, or in which you were engaged during the last five (5) years, whether as single proprietor, partner, shareholder, joint venture, etc., and give the following information with respect to each such business:

1. The name and address of each business; Hatcher aviation llc
2. The description and type of business activity engaged in; Flight instruction pilot service.
3. The tax status of the business (LLC, sub-chapter S-corporation, etc.) and the tax identification number for the business; LLC EIN
4. The gross receipts of each business during the last preceding five (5) calendar or fiscal years; $20000
5. The debts and obligations incurred in the operation of each such business which are presently outstanding, including the name and address of the creditor, the amount of the obligation, the nature of the obligation, and terms of payment; no creditors 20000/ year
6. Your opinion of the fair market value of each such business when considered as a whole unit and as a growing business, including goodwill; and your opinion of the fair market value of your share of the business with a description of the valuation method used by you in arriving at the opinion; $0
7. Your total gross annual income from the business for each of the last preceding five (5) calendar fiscal years; $25000
8. the total amount of the active accounts receivable for the business, if any; $0
9. the aggregate of your annual business and professional overhead expense for each of the last preceding five (5) calendar years., if any.
10. For each business, please state the total number of shares of stock outstanding and how many shares you own, providing the date when and to whom each stock share was issued for the last ten (10) years. 0

**REQUEST FOR PRODUCTION NO. 3:** Please attach copies of all evidence of

ownership, either by stock certificates issued or other evidence of ownership, which evidence your ownership interest for each business entity named in the preceding Interrogatory for which shares of stock were acquired during the last five (5) years.

**REQUEST FOR PRODUCTION NO. 4:** Please complete in full detail an Affidavit of

Financial Means, as promulgated by the Arkansas Supreme Court, and attach a copy of any and all documentary evidence (pay stubs, utility statement, credit card statement, etc.) that you used to complete the form that supports the information that you provided.

**INTERROGATORY NO. 10:** If any expense listed on your Affidavit of Financial Means

goes for the support or financial assistance of any other individual, please list such expense, the amount thereof, and the individual for whom the expense goes to benefit.

**INTERROGATORY NO. 11:** Have you loaned or given money to relatives, friends, or

anyone else in the last five (5) years? If so, for each person receiving such money, state: none

1. The name and address of the person;
2. The total amount loaned or given:
3. The date of each loan or gift;
4. The reason for each loan or gift; and
5. A description of any consideration or evidence of indebtedness received in exchange for such loan or gift.

**INTERROGATORY NO. 12:** Other than the present action, please state in detail all legal

actions in which you are a participant. Please state the name of each court, the style thereof, the nature of such suit, whether said action is pending or has been concluded by judgment or otherwise, and if concluded, the results thereof. none

**INTERROGATORY NO. 13:** Please state whether you have ever filed a voluntary

petition, or has an involuntary petition in bankruptcy been filed against you? If so, state with respect to each such petition: none

1. In which court the petition was filed;
2. When the petition was filed;
3. What chapter of bankruptcy it was;
4. What names were used in the filing;
5. What the case number of the filing was;
6. Whether a discharge was granted, and if so, when; and
7. What the current status of the bankruptcy is.

**INTERROGATORY NO. 14:** Have you made any claim to any insurance carrier

(whether yours or that of a third person) or received any funds from an insurance carrier within the past five (5) years? If so, please list all such claims, providing the reason for such claim, the name and contact information for the carrier; the name of the insured (if other than yourself); whether the claim was paid, and, if so, how much. (Please include any workers' compensation claims). none

**REQUEST FOR PRODUCTION NO. 5:** If you have made a claim against any insurance

carrier during the past five (5) years, please provide copies of any settlement documents; claim forms; correspondence; reports; photographs; and documentary evidence of all types concerning such claims.

**REQUEST FOR PRODUCTION NO. 6:** Please produce an accurate copy of your

personal federal and state tax returns (including all attachments [W-2, K-1, etc.]) for the past five

(5) years and for any corporation or other legal entity in which you own at least ten percent of the stocks during the past five (5) years. Additionally, please provide an explanation as to any outstanding income tax liability for prior years and attach copies of all correspondence between yourself and the Internal Revenue Service.

**INTERROGATORY NO. 15:** Please describe in detail the source and amount of any

income not appearing on your tax returns. none

**INTERROGATORY NO. 16:** Please list separately all banks, savings and loan

associations, credit unions, or any other financial institutions, either foreign or domestic, in which you presently maintain an account, or an account is maintained for your benefit or for the benefit of the minor child, or have on deposit any asset of any kind or in which you and any business in which you have an interest have maintained an account at any time during the last preceding five

(5) years, stating separately in your answer the following: See spreadsheet

1. The name and address of the institution, including the country in which the financial institution is located;
2. The account number of each account;
3. The name or names in which the account is held or was held;
4. If the account is or was a joint account, the name and address of the other person or persons;
5. The name and address of all persons who are authorized to withdraw any sums on deposit;
6. The interest you presently have in such property.

**REQUEST FOR PRODUCTION NO. 7:** With regard to all such accounts listed in the

above Interrogatory, please provide copies of the statements together with the canceled checks from each account from January 2019 to present; and, if the matter in the above Interrogatory is not an account, please provide a copy of the document or certificate reflecting the present amount of balance maintained.

**INTERROGATORY NO. 17:** Please list each and every retirement plan, profit sharing

plan, pension plan or fund, or deferred compensation plan of any type, in which you are a beneficiary or have any interest, and for each plan please state: see spreadsheet

1. the assets and amounts presently credited to you;
2. to what extent your share is vested;
3. to what extent and why you claim any portion of the plan in non-marital; and
4. if any loans or other encumbrances have been taken out against said plans.

**REQUEST FOR PRODUCTION NO. 8:** Please attach copies of all periodic statements

related to each account referenced in the immediately preceding interrogatory from January 2019 to present.

**INTERROGATORY NO. 18:** Please list all outstanding debt obligations, including but

not limited to mortgages, personal debts, student loans, credit card balances, store accounts, installment sales, contract obligations, and promissory notes; and with regard to same, please state:

NONE

1. the name and address of the creditor;
2. the date the obligation was incurred;
3. the consideration received and a description of any security given;
4. the amount of the initial obligation and the current balance due
5. its rate of interest and term of repayment;
6. the amortization schedule for repayment; and
7. say whether you consider any of these debts to be non-marital or should be adjudicated to be paid solely or principally by your spouse and if so, state your reason why.

**REQUEST FOR PRODUCTION NO. 9:** Please attach copies of any written agreements,

instruments, and/or the most recent periodic statement evidencing each debt referenced in the immediately preceding interrogatory.

**REQUEST FOR PRODUCTION NO. 10:** Please provide copies of all credit card

statements for cards or accounts upon which you have the authority to sign from January 2019 to present, which itemize the charges incurred. If you do not access to these records, please provide a list of the credit cards, the name in which each card is listed, and the credit card number for each card.

**INTERROGATORY NO. 19:** Please state whether you have applied for any loans for

yourself or on behalf of another individual or entity in the past five (5) years, and if so, please list the names and addresses of all persons, banks, corporations, companies, businesses, associations, institutions, or entities to whom these loans were applied.

**REQUEST FOR PRODUCTION NO. 11:** Please produce a copy of your most recent

credit report.

**INTERROGATORY NO. 20:** Please state the amount of cash you presently have in your

possession or subject to your control and state the location of such cash, whether any portion of it is in the currency of any country other than the United States (and if so, state the amount) and, if any of it is in the possession of any other person, the name and address of such person or persons. **INTERROGATORY NO. 21:** Disregarding any debts owed by you which have already

been disclosed, please itemize any other debts you now owe. Please state:

1. The name and address of the creditor;
2. The amount owed;
3. The amount of any periodic payment;
4. The terms of the debt;
5. The purpose for which the debt was incurred;
6. The security given for each debt;
7. Whether each debt is marital or non-marital, and the reason for your claim;
8. Please attach copies of all debt instruments and account statements for the past five

(5) years.

**INTERROGATORY NO. 22:** Please state whether you have forgiven any debts owed to

you by anyone during your marriage to Defendant before such debt was totally paid. If your answer is affirmative, please state the name and address of each person, the date of debt forgiveness, the amount of the debt forgiven, and any reason for the debt forgiveness. NA

**INTERROGATORY NO. 23:** Do you presently maintain or have subject to your control

or have you during the preceding five (5) years maintained a safe deposit box, lock box, vault, home safe, storage unit, or other similar facility for the safekeeping of property and valuables (include any such safe-keeping facility in any bank or any other financial institution)? If your answer is in the affirmative, please give the following information with respect to each: NA

1. A description of the box or facility maintained;
2. The name and address where each box or facility is maintained or was maintained;
3. The name and address of the holder or holders;
4. The name and address of all. persons authorized to enter;
5. The date(s) opened;
6. The date closed, if it has been closed within the requested period;
7. A history providing an inventory to the best of your recollection of the contents of each box noting in the history what has been removed, for what reason the item(s) has been removed, and the disposition and current whereabouts of the item(s).

**INTERROGATORY NO. 24:** Please state whether you are the beneficiary, trustee,

grantor either directly or indirectly of any trust or endowment or whether anyone or any entity holds anything of value for you. If your answer is in the affirmative, please describe and explain in detail, giving in your answer the name and address of the trust, endowment, or the person or entity who holds the object, or name of the trustee, a description of the benefits you will receive in the future, and the source, including documentation, of the funds received into the trust.

**INTERROGATORY NO. 25:** Please list all life insurance policies on your life, your

spouse’s life, or the minor child’s life, giving in your answer the following information with respect to each policy: NA

1. The name of the insurance company:
2. The policy number;
3. The face value of each policy;
4. A description of all special features, such as double indemnity for accidental death, waiver of premiums during disability, etc.;
5. The name and address of the owner of the policy;
6. The name and address of the beneficiary of each policy and the date on which said beneficiary was designated;
7. The present cash value of each policy; and
8. The amount of any loans, liens or encumbrances against each such policy.

**REQUEST FOR PRODUCTION NO. 12:** If any policy referenced in your response to

the preceding interrogatory is a policy with cash value, please attach your most recent statement evidencing the amount of the cash value for each policy. NA

**INTERROGATORY NO. 26:** Please list all real property which you own or in which

you have any interest (including a possessory interest) whatsoever at the present time or in the past five (5) years, giving in your answer the following information:

1. The legal description of each tract or parcel;
2. The date on which each tract or parcel was acquired;
3. If your interest in each said tract or parcel is less than the complete ownership, the extent of your interest and the names and addresses of the persons who own the remaining interest with specification as to each co-owner of the precise amount and nature of their ownership;
4. The purchase price for each parcel or tract and the amount paid;
5. Any lien, encumbrance or indebtedness against each tract or parcel, and the name and address of the holder of such person or indebtedness, the present principal balance outstanding and the terms and conditions of payment;
6. Your opinion of the present market value of each tract or parcel and all opinions as to fair market value on said tracts by other persons including but not limited to appraisals (please identify) within the past five (5) calendar years;
7. The use or uses for which each said, tract or parcel is devoted;
8. The amount of income received from each tract or parcel for each of the last thirty- six (36) months;
9. The most recent assessed valuation placed upon each tract or parcel by the appropriate taxing authority;
10. Description of the improvements located upon each tract or parcel since the purchase of the property;
11. The name and address of the person, firm or corporation who occupies each tract or parcel and the facts surrounding such occupancy, i.e., whether by lease, including terms;
12. The date the property was transferred or sold, if you no longer have an interest; and
13. If the property has been refinanced in the last five (5) years, why it was refinanced.
14. If the property has been disposed of, please state;
    1. How was it disposed of and to whom?
    2. The sale price or amount or other compensation received;
    3. The name and address of any and all title companies, law firms and/or real estate firms that were involved in the transaction.

**REQUEST FOR PRODUCTION NO. 13:** Please produce copies of all deeds, notes,

mortgages, leases, rental agreements, and complete appraisals applicable to each parcel of real estate mentioned in the preceding Interrogatory. NA

**INTERROGATORY NO. 27:** With regard to all vehicles, motorcycles, golf carts,

scooters, boats, vessels, all-terrain vehicles, utility vehicles, tractors, airplanes, or any other motorized vehicles owned by you or in which you have an interest, please provide the following information with respect to each:

2019 Ram 1500 truck Purchased 2019

2011 camper purchased 2015

Harley Davidson motorcycle purchased 2006

1996 benateau sail boat purchased 2022 $96000

1. The make, model and style;
2. The date acquired;
3. The purchase price of each;
4. The use to which devoted;
5. The name and address of the person in possession;
6. The approximate mileage on the odometer or hours on the engine;
7. The present fair market value (please identify reference, i.e., NADA, Blue Book, etc.);
8. The name and address of the lienholder or creditor, if any; and
9. The current payoff amount of any loan(s) on said vehicle, if any.

**INTERROGATORY NO. 28:** Do you own any personal property, real property, or sum

of money which you claim is your separate non-marital property? If so, for each item, state: NA

1. A description of the property;
2. The location of the property;
3. The present value of the property;
4. The date and method of acquisition of the property;
5. The source of funds used to acquire the property;
6. The name of each owner of the property and the respective ownership interest; and
7. The facts upon which you base your claim that the property is your separate property.

**INTERROGATORY NO. 29:** Other than items of property already listed in these

responses, please list any other personal property which you own or in which you have an interest, present or contingent, including but not limited to firearms, jewelry, antiques, or collections of any kind having an individual or collective value of over $300.00. For each item or collection of items, state:

NA

1. Date of acquisition and value at that time;
2. Whether acquired by purchase, gift, trade, bequest, or otherwise;
3. Whether you claim your interest is marital or non-marital property and your reason for the claim;
4. Current fair market value;
5. Amount of loan payment, number remaining, and current payoff;
6. For vehicles, watercraft, and aircraft, give the make, model, mileage or hours, and your opinion of the condition of the property.

**INTERROGATORY NO. 30:** Please list any and all items you have purchased since the

date of separation for which you paid $300.00 or more in money or barter, and state for each:

1. description of the item;
2. amount paid for the item;
3. whether the amount paid was in money or barter;
4. the name, address and current telephone number of the company or individual from whom the item was purchased;
5. the date the item was purchased.
6. for whom the item was purchased.

**REQUEST FOR PRODUCTION NO. 14:** Please attach complete copies of your

personal property tax assessments and bills for the past five (5) years.

**INTERROGATORY NO. 31:** With regard to all property about which you have

knowledge, whether real, personal, or mixed, owned in whole or in part by you, your spouse, or both, please list these items in two categories as either marital or non-marital properties. Please place a “W” or “H” (Wife or Husband) beside any non-marital characterizations designating to

whom you contend such property belongs. Also, with regard to each non-marital characterization, please provide a brief factual statement setting forth the grounds upon which your contention is based.

**INTERROGATORY NO. 32:** Do you swear and affirm that all assets, income and

resources disclosed in the Interrogatories comprise your total estate? Yes

**INTERROGATORY NO. 33:** Do you request unequal division of marital assets or debts?

If so please set out:

1. all facts on which you rely in making such claim, including those specific facts showing any need you may claim;
2. the specific items of marital property which you claim, and their respective values;
3. the payoff amounts on each debt you wish to assign to your spouse or otherwise disclaim; and
4. all numerical calculations underlying, evidencing or supporting your claim.

**INTERROGATORY NO. 34:** If your answer to the preceding Interrogatory was anything

other than an unqualified “no,” please set out the following:

1. what is your understanding or opinion of the average earnings in Arkansas of persons with the same degree of education as your spouse holds;
2. in the event her income is beneath that amount, set out whether you believe she should be earning that amount and the reasons why;
3. please set out the amounts she has earned during the course of the marriage, stating her highest annual income, including the years and gross and net amounts earned, her job title and responsibilities, and the employer for whom she worked for at those times; and
4. please set out the annual gross and net income of each party hereto for the past five

(5) years.

**INTERROGATORY NO. 35:** Do you intend to contest Defendant’s Counterclaim for

Divorce on the grounds of general indignities? If so, please state each and every reason you will contest such divorce.

**INTERROGATORY NO. 36:** Please state whether you are in agreement with paying

alimony to the Defendant. No. If your answer is affirmative, please state the amount of alimony you are willing to pay and how long you are willing to pay said alimony to Defendant.

**REQUEST FOR PRODUCTION NO. 15:** If your answer to Interrogatory No. 36 is not

affirmative, please state the reasons why you are not willing to pay alimony to the Defendant. The defendant engaged in successful character assassination with myboss and my professional community rendering me presently unemployable.

**REQUEST FOR PRODUCTION NO. 16:** Please sign and return the attached

Authorization for Release of Financial Records.

**INTERROGATORY NO. 37:** Please provide the name, current address, and all

telephone numbers for all individuals, male or female, with whom you have had sexual relations, including but not limited to sexual intercourse, oral sex, touching of genitalia, and/or kissing, at any point during your marriage, stating the approximate number of times that you engaged in sexual relations with each such individual, the dates it occurred, and where it occurred. NA

**INTERROGATORY NO. 38:** Please list all gifts you have given to any individual, male

or female, with the exception of your spouse, with whom you have been romantically involved, stating for each: NA

1. description of the item;
2. name, current address and telephone number of the recipient;
3. date the item was given; and
4. occasion for which the item was given (i.e., birthday, anniversary, etc.), if any.

**INTERROGATORY NO. 39:** Within the past three (3) years, have you or anyone

engaged or employed by you conducted or caused to be conducted any visual or electronic surveillance or investigation regarding the activities or conversations of your Spouse and/or the minor children, including but not limited to visual observations, photographs, slides, videotape, audiotape, or any other recorded media? If your answer is yes, please produce all reports, memoranda, photographs, slides, videotapes, audiotapes, or other written or recorded media containing any information gathered during such periods of observation or surveillance. This request includes, without limitation, any videotapes or audiotapes of conversations between you and your Spouse and/or the minor children, as well as third party conversations. Further, please state:

1. The date(s), time(s) and place(s) where such auditory, visual, or electronic observations, investigations or surveillances were made;
2. The media used; and
3. The names, addresses, and telephone numbers of all persons who participated in any manner in such observations, investigations or surveillances.

**INTERROGATORY NO. 40:** Please provide your assessment of your current physical

and mental health. Good

**INTERROGATORY NO. 41:** Please list the names of any doctors, clinics, therapists,

any health professional, etc., that you have been to in the last three (3) years; and for each diagnosis and/or treatment of a physical or mental health problem, please provide at least the following: NA

1. The diagnosis;
2. The date of the diagnosis;
3. The physician that made the diagnosis;
4. Prognosis;
5. Current health status and next appointment as it relates to each health issue
6. Any medications that have been prescribed to you in the last four (4) years;
7. Name of physician or other healthcare professional that prescribed the medication;
8. When the medication was prescribed, and if it is no longer prescribed, when the medication prescription was discontinued by a healthcare professional;
9. Where you had the prescription filled; and
10. For what treatment was the medication prescribed to help?

**INTERROGATORY NO. 42:** Please list all prescription drugs prescribed to you, in any

name you use, during the past three (3) years. For each drug, please state the name, address, and phone number of the doctor prescribing the drug, the reason the drug was/is prescribed, the date the drug was first prescribed, and whether or not you still take the drug. If you no longer take the drug, please state why you quit. NA

**INTERROGATORY NO. 43:** In the last three (3) years, have you ever taken, used, or

otherwise consumed any prescription medication of any kind without a prescription for said drug or for a greater dosage than was ordered? If your answer is "Yes," please state when the prescription medicine was used, how the prescription medicine was procured, i.e., individual purchase, internet purchase, etc., and describe with specificity each and every such instance of abuse of prescription medicines. No

**INTERROGATORY NO. 44:** Have you, or anyone in your household, used any form of

illegal drug within the last three (3) years. If the answer is “Yes,” please list every drug which you, or anyone in your household, has used, including the name of the person using the drug, the

type of drug, the date of usage, and the frequency of usage. No

**INTERROGATORY NO. 45:** Do you consume alcohol? If your answer is "Yes", please

state a) how much alcohol you consume on a daily basis, b) what specific type of alcohol you consume, c) how many times you consume alcohol in an average week. If your answer is “No”, please state a) when you quit consuming alcohol, b) why you quit, c) how much and how often you consumed alcohol before you quit, d) what specific type of alcohol you consumed, and e) the amount of alcohol you consumed on a daily and/or weekly basis. No Oct 22 2024

**INTERROGATORY NO. 46:** Have you ever been drunk or inebriated or consumed

alcohol in excess in the presence of the minor child? If your answer is "Yes," please state when and the circumstances of each such incident. No

**INTERROGATORY NO. 47:** Have you ever been arrested for any reason whatever,

including arrests or issuances of citations for traffic violations and/or DWI’s? If your answer is "Yes” please state: No

1. the date of each arrest;
2. exactly what you were arrested for;
3. what police or law enforcement agency arrested you;
4. the ultimate disposition of all charges arising from such arrest(s);
5. what penalties were imposed if any;
6. what court adjudicated the charges; and,
7. whether all fines or penalties of any kind have been paid or discharged.

**INTERROGATORY NO. 48:** Please state whether you have ever received counseling of

any type. If so, state the reason for counseling, dates of counseling or treatment, and the name(s) and telephone number(s) of person(s) performing such counseling.

No

**INTERROGATORY NO. 49:** Do you have health insurance? If your answer is in the

affirmative, please list each health insurance policy you have, giving for each; Yes

1. The name and address of the insurance company;
2. The policy number;
3. The deductible;
4. The amount of the total monthly premium payment and the specific amount attributable to the coverage of any minor child(ren).
5. If this policy is provided through an employer, please state:
6. The name and address of the employer; and
7. The name and telephone number of the benefits coordinator;

**REQUEST FOR PRODUCTION NO. 17:** If your child is covered under your health

insurance policy, please provide a breakdown of the cost of the health insurance premium identified in your response to the immediately preceding Interrogatory (i.e., if provided by your employer, costs for employee only, employee plus child, employee plus family, etc.). $385

**INTERROGATORY NO. 50:** Please state whether you have been in a verbal or physical

altercation of any kind during the last three (3) years; for each such incident, state the following: My wife July 2023

1. A description of the altercation;
2. The name, address, and phone number of the individual with whom you had the altercation;
3. The location of the altercation;
4. The date of the altercation;
5. The names of any witnesses of the altercation; and
6. If the minor child, or any minor children, were present during the altercation.

**INTERROGATORY NO. 51:** Please state whether you have said, in any form of

communication, anything negative, to the minor child or in the presence of the minor child about your spouse. If so, please state what you said, who you said it to, when it was said, and why it was said. No

**INTERROGATORY NO. 52:** Please state whether you have ever used any form of

physical punishment in disciplining the minor child. If so, please describe the punishment and state the reason for it. None

**INTERROGATORY NO. 53:** Please describe the child’s daily schedule while in your

care, including, but not limited to, nap times, meals, bath times, play times, and bed times. Im allowed to see my son 1 hr twice a week.

**INTERROGATORY NO. 54:** Please state the specific visitation you would like to have

if your spouse is awarded custody of the minor child. Joint custody 50/50 with flexibility.

**INTERROGATORY NO. 55:** Please state the specific visitation you would like your

spouse to have if you are awarded custody of the minor child. Joint custody 50/50 with flexibility

**INTERROGATORY NO. 56:** Do you contend that it would not be in the best interests of the minor child for your spouse to have primary physical custody? If your answer is “Yes," please state with specificity each and every reason why you believe it would not be in the child's best interests for your spouse to have primary physical custody. No

**INTERROGATORY NO. 57:** Do you contend that it would be in the best interests of the

minor child for you to have primary physical custody? If your answer is "Yes," please state with specificity each and every reason why you believe it would be in the child’s best interest for you to have primary physical custody. No

**INTERROGATORY NO. 58:** Do you contend that your spouse is "unfit" or for any

reason incapable of adequately parenting the minor child? If your answer is "Yes," please state

with specificity each and every reason why you believe that your spouse is "unfit" or incapable of adequately parenting the child.

**INTERROGATORY NO. 59:** Please state the name, address and telephone number of

each and every person which you believe to have intimate knowledge of your spouse’s relationship with your minor child and, for each person listed, please:

1. state that person's relationship with your spouse;
2. summarize the specific knowledge that person is thought to possess; and,
3. state exactly how that person acquired such knowledge, specifically detailing exactly how, when and for how that person was in a position to observe your spouse’s relationship with the child.

**INTERROGATORY NO. 60:** Please describe with specificity your spouse’s strengths

and weaknesses as a parent.

**INTERROGATORY NO. 61:** Please describe with specificity your strengths and

weaknesses as a parent.

**INTERROGATORY NO. 62:** Please state whether you have ever kept a calendar, diary,

journal, log, or any other documents or records related to your interactions with your spouse and/or your spouse’s interactions with the minor child. If your answer is yes, please list:

1. the type of recoding keeping being utilized;
2. what information is being recorded; and
3. the length of time you have been recording the information.

**REQUEST FOR PRODUCTION NO. 18:** Please produce complete copies of any and

all documents, including but not limited to electronic documents, referenced in your answer to the immediately preceding interrogatory.

**INTERROGATORY NO. 63:** Please provide copies of the minor child’s school records

(of any kind, including grades, absences, and disciplinary records), and each and every other form of communication (letters, notes, emails, text messages, messages received via home access communication website/apps) you have received from the child’s teachers, directors, staff, counselors, etc. for the past two (2) years regarding the child’s progress, lack of progress, concerns about the child’s physical/mental/emotional state, concerns about the child unrelated to progress, and recommendations regarding the child’s physical/mental/emotional progress, etc.

**REQUEST FOR PRODUCTION NO. 19:** Please sign and return the attached

Authorization for Release of Medical Records providing one for yourself and one for each of the minor children.

**INTERROGATORY NO. 64:** Please state with specificity how you discipline the minor

child. Haven’t disciplined him

**INTERROGATORY NO. 65:** Please state whether you have used any form of physical

punishment in discipling the minor child. If so, describe the punishment and state the reason for it. None

**INTERROGATORY NO. 66:** Please state whether you use profanity in the presence of

the minor child. If so, state when and how often to the best of your knowledge. None.

**INTERROGATORY NO. 67:** Please state your participation in your child’s healthcare. I pay for it and try to go to appointments when available but am now being shut out from information and appointments since filling for divorce.

**INTERROGATORY NO. 68:** Please state any difficulties the minor child has had, or are

having, and how you are equipped to deal with these difficulties. He is delayed in his communication abilities. And potty training. Patience and love.

**INTERROGATORY NO. 69:** Please state whether you and the Defendant have any

major disagreements regarding the minor child’s education, religious upbringing, discipline, health care needs, and/or extracurricular activities, and if so, detail the nature of each such

disagreement and each party’s position as you perceive it.

**INTERROGATORY NO. 70:** Please state whether you, any individual residing in your

current residence, or any member of your family have ever been investigated for any reason by the State Police, Department of Human Services, or any other law enforcement officials. If so, please state: None

1. The date of each investigation;
2. The reason for each investigation;
3. Who reported each incident; and
4. Whether or not the allegations were substantiated.
5. Give a detailed narrative of the events being investigated.

**INTERROGATORY NO. 71:** Please state each and every incident that you have been

arrested. For each instance, please state:

* 1. The date of arrest;
  2. The reason for arrest;
  3. Any criminal charges resulting from the arrest;
  4. The resolution of said criminal charges; and
  5. Who the victim of each alleged crime was.

**INTERROGATORY NO. 72:** Please state whether you have contacted any law

enforcement officials for any reason since the date of separation. If affirmative, state all dates on which you contacted law enforcement, what agency you contacted, the reason for each contact, and the outcome of each contact, including who (if anyone) received any type of citation, warning, arrest, etc. None

**INTERROGATORY NO. 73:** Please list the names, addresses and telephone numbers of

all persons whom you intend to call as witnesses in this cause and describe briefly the substance of the testimony of each.

**INTERROGATORY NO. 74:** Please state the identity and address of each person you

expect to call as an expert witness at trial and for each witness state the following:

1. the subject matter on which the person is expected to testify;
2. the substance of the facts and opinions to which the expert is expected to testify;
3. the witness' specialty;
4. the witness' qualifications, specifically including but not limited to the witness' educational and professional employment history;
5. the witness' prior experience testifying in any other lawsuit or proceeding (including depositions) and, if the witness has testified before, for each such lawsuit or proceeding please identify\* the lawsuit or proceeding, the court or agency in which it was pending, the date of such deposition or testimony, the name(s) and address(es) of the party (is) for whom the witness gave evidence and identify all transcripts of such testimony or deposition;
6. the manner in. which the witness is to be paid, including the amount already paid the witness;
7. the substance of the opinion(s) that the witness will be called upon to give, including a summary of the grounds for each opinion;
8. the identity of any documents made available to the witness or used or consulted by the witness in forming his or her opinion; and
9. the investigation or examination that the witness has conducted in regard to the issues of this case, including the identity of all persons contacted by the witness

during the course of such investigation or examination, the nature and date of such investigation or examination, and the identity of all documents which reflect or embody the results or conclusions, including those documents which are tentative or interim, of such investigation or examination.

**REQUEST FOR PRODUCTION NO. 20:** Please produce the final report or summary

of findings prepared by the expert listed in the immediately preceding interrogatory.

**INTERROGATORY NO. 75:** Please provide a list of each and every potential exhibit

that you are going to use at any hearing or trial in this matter. For each such exhibit, please describe the exhibit and state for what reason the exhibit was being entered and by which witness.

**REQUEST FOR PRODUCTION NO. 21:** You are requested to produce and attach

copies of all exhibits listed in the preceding interrogatory, and any and all documents, pictures, videos, demonstrative exhibits, or other tangible evidence which you intend to introduce, utilize, or refer to at any hearing or trial of this cause.

**REQUEST FOR PRODUCTION NO. 22:** Please produce a copy of each and every trust

in which you or your son is a beneficiary.

**REQUEST FOR PRODUCTION NO. 23:** Please provide copies of each and every

utility bill for the marital residence and proof of payment for each for the last two years.

**REQUEST FOR PRODUCTION NO. 24:** Please provide copies of each and every

communication related to any loss of employment your income you have had in the last 12 months.

**REQUEST FOR PRODUCTION NO. 25:** Provide true and correct copies of any and all

payroll statements, pay stubs, W-2 forms or 1099 forms, which evidence your earnings for the last three (3) years.

**INTERROGATORY NO. 76:** Will you consider the foregoing Interrogatories as

continuing and furnish by way of supplemental response such additional information as may hereinafter be acquired which augments or modifies answers to the foregoing Interrogatories, such supplemental responses to be served within ten (10) days after receipt of such information or as soon as received if less than ten (10) days before an assigned trial date?

Respectfully submitted,

By: /s/ Lucas Rowan Lucas Rowan (#2008191)

Dodds, Kidd, Ryan & Rowan

Attorneys at Law

313 West Second Street Little Rock, Arkansas 72201 Telephone: (501) 375-9901

Facsimile: (501) 376-0387 [lrowan@dkrfirm.com](mailto:lrowan@dkrfirm.com) *Attorney for Defendant*

**CERTIFICATE OF SERVICE**

I, Lucas Rowan, the undersigned, hereby certify that a true and correct copy of the foregoing pleading was served by email, on this 8th day of November, 2024, to the following:

Sidney A. Stewart

TAYLOR & TAYLOR LAW FIRM, P.A.

12921 Cantrell Road, Suite 205 Little Rock, Arkansas 72223 [Sidney@TaylorLawFirm.com](mailto:Sidney@TaylorLawFirm.com)

/s/ Lucas Rowan Lucas Rowan

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT RECORDS**

TO WHOM IT MAY CONCERN:

, is hereby authorized, designated and permitted for any agent, representative, or assign to furnish any and all information you may have concerning

with respect to any employment records, personnel files, evaluation records or reports, attendance records, disciplinary records or reports, W-2 Forms, 1099 Forms, tax records of any nature, employee notices and other information relating to my employment which are kept, maintained by you, or to which you have access to:

**DODDS, KIDD, RYAN & ROWAN**, Attorneys at Law, 313 West Second Street, Little Rock, AR 72201 or any representative thereof.

A photocopy of this request shall have the same effect as the original.

The undersigned further waives any rule or regulation concerning any lapse of time between the date of execution of this Authorization and the date on which there is a request for information, documents or records, so that the holder of this Authorization shall not be precluded from obtaining information, documents or records by reason of such lapse of time.

DATED this day of , 2024.

Signature Date of Birth

Social Security Number Driver’s License Number & State SUBSCRIBED AND SWORN to before me on this day of , 2024.

Notary Public

My Commission Expires:

**AUTHORIZATION FOR RELEASE OF FINANCIAL RECORDS**

TO ALL BANKS, FINANCIAL INSTITUTIONS WITH WHOM GEOFFREY HATCHER HAS AN ACCOUNT(S) OR FINANCIAL INTEREST (PERSONAL OR CORPORATE AND SOLE OR JOINT WITH ANY OTHER INDIVIDUAL OR ENTITY):

I, Geoffrey Hatcher, hereby authorize and request any agent, representative, or assign of any bank or other financial institution to furnish the following information you may have concerning me with respect to any account or financial interest I may have with said bank or financial institution.

Copies of periodic statements (monthly, quarterly, annual, or otherwise); copies of canceled checks; copies of deposits slip and supporting documents or records showing the specific sources of items tendered for deposit;

You are hereby authorized to release copies of all such records listed above which are kept, maintained by you, or to which you have access, both before and after the date of execution, and through and until the date of trial.

Upon presentation of this authorization, or a photocopy of it, you are directed to permit the personal review or photocopying of the information by any representative of the law offices of DODDS, KIDD, RYAN & ROWAN.

I understand that a copy of this authorization will be furnished upon request. Dated this day of , 20 .

Social Security Number

SUBSCRIBED and SWORN to before me on this day of , 20

Notary Public

My Commission Expires:

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Patient Name: Health Care Provider:

Date of Birth: Social Security Number:

1. I authorize the HEALTH CARE PROVIDER to make the disclosure of the PATIENT’S health information as described below. This authorization is intended to comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), HIPAA regulations, and other State and Federal laws and regulations that may create a right of privacy in the health information approved to be disclosed by this authorization.
2. The health information to be disclosed is as follows (dates are included if a limitation to date applies:)

All nursing home, hospital, physician, nurse, pharmacy, dental, psychiatric, psychological, drug treatment, and other healthcare records, including any counseling records and office notes, describing care, treatment, opinions, or services, treatment and therapy records, medication records, prescriptions, diagnostic studies, imaging films, x- rays, monitoring strips, laboratory tests and results, date, charts, admission/transfer sheets (e.g., nursing home, ambulance, hospital), history and physical and mental, discharge summaries, physician orders, all records documenting communications with physician, or therapist, progress notes, nursing assessments and summaries, evaluations, discharge plans, care plans, (including Minimum Data Sets and Resident Assessment Protocol sheets), care plan meeting notes, nursing notes, decubitus, pressure sore and/or skin reports and audits, medication sheets, treatment sheets, graphs, input and output records, flow sheets, ADL flow sheets, drug reviews, nutritional assessments and dietary notes and records, weight records, restorative records, activity records; social service records, consents, advance directives, complete billing history/reports/invoices, Medicaid, Medicare, or Veteran’s Administration claims, notes, correspondence, consultations, representations made to or by HEALTH CARE PROVIDER to third-parties as to the care or treatment provided, or care which could be provided, to PATIENT, and any other information pertaining to the treatment and care of PATIENT’S injuries, illnesses, and conditions contained in the records of HEALTH CARE PROVIDER or any person or agency having responsibility for monitoring the adequacy of care rendered by said HEALTH CARE PROVIDER, as well as any and all other records, information, and data relating to PATIENT’S health that are in your possession, custody, or control.

1. This information may be disclosed to and used by the following individual or organization:

**Dodds, Kidd, Ryan & Rowan, 313 West Second Street, Little Rock, AR 72201, for the purpose of giving full and complete access to all health information, including mental health information, in your possession, custody and control.**

1. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the HEALTH CARE PROVIDER. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. **Unless otherwise revoked, this authorization will expire on the following date, event or condition: one (1) year from the date of execution.** I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I further understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in 45 CFR §164.524. I understand any disclosure of information may not be protected by federal and state confidentiality rules of 45 CFR §164.508. Finally, I understand that if I have questions about disclosure of my health information, I can contact my attorneys or the **HEALTH CARE PROVIDER.**

Signature of Patient or Legal Representative Date

If Signed by Legal Representative, Relationship to Patient Signature of Witness