



**INTERROGATORY NO. 2:** State the name and relationship to you of each person residing at your present address.

**ANSWER:**

**INTERROGATORY NO. 3:** State the address of all previous residences where you have resided for the last year, and the dates you resided at each such address, and the name and relationship to you of each person residing at each of your previous addresses.

**ANSWER:**

**INTERROGATORY NO. 4:** State the name of each person, firm or corporation by which you were employed during the preceding twelve (12) months.

**ANSWER:**

**INTERROGATORY NO. 5:** If you were self-employed or a member of a partnership, state the nature of the business and your share of gross income (after business expenses) received to date during the previous twelve (12) months.

**ANSWER:**

**INTERROGATORY NO. 6:** State the name and address of each person, firm, or corporation by whom you were employed for the last three (3) years and the total gross income per year received from each employer.

**ANSWER:**

**INTERROGATORY NO. 7:** If you were self-employed or a member of a partnership during any of the three (3) preceding years, state the nature of the business and your share of the gross income (after business expenses) in each said year.

**ANSWER:**

**INTERROGATORY NO. 8:** If you receive any economic (fringe) benefits from your present employment other than wages (i.e., company car, health or life insurance, expense accounts, club membership, etc.), describe each benefit you receive and the amount you receive from said benefit or the value of said benefit.

**ANSWER:**

**INTERROGATORY NO. 9:** If you or a member of your household receive any pension, dividend, interest, note, insurance, annuity payment, or Social Security payment on a regular basis, state the type of payment, amount and the date you normally receive such payment.

**ANSWER:**

**INTERROGATORY NO. 10:** If you have any interest in any pension, profit sharing, retirement, Keough Plan, I.R.A. account, thrift plan, or any other form of employment-related asset with any past or present employer, state:

- a. The date first acquired;
- b. The type of asset;
- c. The present vested or cash value to you of such asset;
- d. The name of the company that administers the plan or program and the name, address and phone number of the person who administers the plan;

- e. Attach a copy of the plan;
- f. Attach a copy of the latest report you have received from your employer on the administration of the plan indicating your interest in said plan.

**ANSWER:**

**INTERROGATORY NO. 11:** If you have any claim or cause of action against anyone else, set out in detail the reason for such claim or cause of such action and sufficient information to identify any court proceedings pending regarding said claim.

**ANSWER:**

**INTERROGATORY NO. 12:** If you have given any financial statements during the last three (3) years, state the name and address of each person or organization to whom you gave such financial statements, and attach a copy of said statement(s) to your answers to these interrogatories.

**ANSWER:**

**INTERROGATORY NO. 13:** If you have transferred any real or personal property within the last twenty-four (24) months, for each item, state:

- a. Legal description of the property;
- b. The value of your equity interest in the property;
- c. The date you transferred the property;
- d. The name and address of the person to whom you transferred said property;
- e. Net proceeds received for said property.

**ANSWER:**

**INTERROGATORY NO. 14:** Attach complete copies of your federal income tax returns to your answers to these interrogatories for the past three (3) calendar years.

**ANSWER:**

**INTERROGATORY NO. 15:** Attached to these interrogatories are exhibits requesting further information on the marital and non-marital property which you own, your liabilities and your income and expenses. Answer the items requested in said exhibits as if fully set out in these interrogatories.

**ANSWER:**

**INTERROGATORY NO. 16:** If you believe that you are entitled to receive maintenance payments from your spouse, state in detail why you believe you are entitled to maintenance.

**ANSWER:**

**INTERROGATORY NO. 17:** Do you claim marital misconduct on the part of your spouse?

Yes ( ) No ( )

**ANSWER:**

**INTERROGATORY NO. 18:** If you claim marital misconduct on the part of your spouse, describe such misconduct in detail and state the names of all persons having knowledge of such marital misconduct.

**ANSWER:**

**INTERROGATORY NO. 19:** If you have any illness or chronic disability at this time, describe said chronic illness or disability in detail.

**ANSWER:**

**INTERROGATORY NO. 20:** If you are not presently employed full-time and have attempted to obtain full-time employment in the past six (6) months, state the names of all employers with whom you have consulted and the dates of all interviews or employment applications.

**ANSWER:**

**INTERROGATORY NO. 21:** If you are not presently employed full-time and have not attempted to obtain full-time employment in the last six (6) months, state the reason for not looking for full-time employment.

**ANSWER:**

**INTERROGATORY NO. 22:** State the name, address and telephone number of each person you expect to call as an expert witness at trial and for each such person, identify the general area or topic of his or her expected testimony.

**ANSWER:**

Signature block

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing was deposited in the United States Mail, postage prepaid, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to:

Insert atty name & address

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