

**IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI**  
**FAMILY COURT DIVISION**  
 AT KANSAS CITY    AT INDEPENDENCE

IN RE THE MARRIAGE OF:	)	
	)	
_____	)	
Petitioner	)	
	)	
and	)	Case No. _____
	)	Division _____
_____	)	
Respondent.	)	

**'S STANDARD MODIFICATION INTERROGATORIES TO**

COMES NOW \_\_\_\_\_ and propounds the following interrogatories to be answered as provided in Rule 57.01, Missouri Rules of Civil Procedure and Jackson County Circuit Court Local Rule 68.4.1.

**INSTRUCTIONS**

These Interrogatories are continuing and require you to serve timely supplemental answers with any information within the scope of these interrogatories acquired by you, your attorneys, investigators, agents, or others employed by or acting in your behalf, subsequent to your original answers.

Type your answers in the space provided below. If the space is insufficient, type your additional answer on a separate sheet of paper and attach it as an appendix hereto, noting on this form which appendix contains your answer and noting on the appendix the interrogatory being answered.

1. State your full name, the address of your current residence and the names and relationship to you of each person who resides at this address.

ANSWER:

2. State the annual gross income you received as of the date of the last child support order.

ANSWER:

3. State the annual gross income you currently receive.

ANSWER:

4. State the date you last received a pay raise from your employer and the amount of the raise.

ANSWER:

5. If anyone assists you in paying the expenses listed in the Income and Expense Statement, state:

- a. Name of person contributing to expenses;
- b. Relationship of person to you;
- c. Average monthly amount contributed.

ANSWER:

6. As to each of your current employments (other than self-employment as a sole proprietor, partner or in a closely-held or professional corporation in which you have an ownership interest), state:

- a. The name, address and telephone number of all your current employers.

- b. Your occupation and job title.
- c. The name, business address and business telephone number of the company payroll records supervisor.
- d. The average number of hours you work per week.
- e. Whether the job is full-time or part-time.
- f. Your rate of pay or salary.
- g. How frequently you are paid.
- h. Your gross annual income from this employment for each of the last three full calendar years and this year to date.
- i. Your base gross earnings per pay period.
- j. The annual amount and rate of overtime, shift differential, bonuses, commissions or other income in addition to your base pay and how this is calculated;
- k. Date of hire with your present employer.
- l. For each economic benefit in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, and free long distance telephone service, describe each benefit and the annual value of the benefit to you.
- m. The date and amount of your last pay raise.
- n. Whether you expect or have been advised of any increase or decrease in income or benefits in the next 12 months and, if so, when and why.
- o. If you have any deferred compensation benefits, state:
  - i. the nature of the deferred compensation, 401K, etc.;

- ii. the amount of deferred compensation in each of the last three calendar years and this calendar year to date.

p. If you are reimbursed for any expenses, describe the items for which you are reimbursed and list the annual reimbursement by category of expense for this year to date and for each of the two previous calendar years. If expenses are reimbursed on a per diem basis, identify the daily per diem rate and separately state the annual actual expenses.

ANSWER:

7. Other than as provided in Interrogatory 6, for each person, firm or corporation by whom you were employed during the last three full calendar years and this year to date, state:

- a. The name, address and telephone number of the employer.
- b. Whether each such employment was full-time or part-time.
- c. The inclusive dates of your employment.
- d. Your job title.
- e. The gross annual income from each employer for each of the last three full calendar years.
- f. The gross income to date in this calendar year.

ANSWER:

8. If you were self-employed as a sole proprietor, partner, or shareholder in a closely-held or professional corporation any time during the last three full calendar years and this year to date, state:

- a. The name and address of each such business.

- b. The type of entity (sole proprietorship, corporation, partnership, limited partnership, Missouri LLC).
- c. If a partnership, state:
  - i. your share of the gross annual income (after business expenses) for each partnership for each of the last three full calendar years and this year to the date of your answers;
  - ii. the legal name of the partnership;
  - iii. the name, address and telephone number of each partner and each partner's percent of ownership of the partnership;
  - iv. the type of business conducted by the partnership;
  - v. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and state the annual value of the benefit to you.
- d. If a corporation, state:
  - i. your share of the gross annual income (after business expenses) for each corporation for each of the last three full calendar years and this year to the date of your answers;
  - ii. the name and address of the corporation;
  - iii. the type of corporation (i.e. Sub S, LLC);
  - iv. your percent of ownership in the corporation;

- vi. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and state the annual value of the benefit to you.
- e. If a sole proprietorship, state:
  - i. your share of the gross annual income (after business expenses) for each business for each of the last three full calendar years and this year to the date of your answers;
  - ii. the name and address of the business;
  - iii. the type of business conducted;
  - iv. the amount of your ownership interest in the business;
  - v. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and list the annual value of the benefit to you.

ANSWER:

9. List the annual gross revenue you received in the previous full calendar year and this year to date from any source other than earnings and self-employment including, but not limited to: pension, dividend, interest, note, insurance payment, unemployment compensation, annuity and

social security, stating the source of the payment and the annual amount of each type of income.

ANSWER:

10. If you are not employed full-time, state:
  - a. The date your last full-time employment ended.
  - b. The reasons for the termination of that employment.
  - c. The names of all employers with whom you have applied for work in the past six (6) months.
  - d. The dates of all interviews and employment applications.
  - e. If you have not sought employment in the past six (6) months, state the reason for not seeking employment.

ANSWER:

11. For each financial statement and loan application you prepared or had prepared on your behalf during the last three (3) years, state:
  - a. The name and address of each person or organization to whom you gave the statement.
  - b. The date of the financial statement.
  - c. The name of the person who prepared the statement.

ANSWER:

12. If you or a child involved in this action has a current illness, chronic disability or physical or mental impairment, describe each in detail.

ANSWER:

13. As to each person you expect to call as an expert witness, state:
- a. The name, address, telephone number and facsimilie number of the expert.
  - b. The general area or topic of expected testimony.
  - c. The expert's per hour charge to attend a deposition.

ANSWER:

14. If you and/or the children are currently covered by a hospital, medical, dental and/or vision health benefit plan through employment, a union, or COBRA benefits, or you have an individual health benefit plan or are covered by a state sponsored health plan, state for each such plan:

- a. Name of entity through which the health benefit is available, (i.e. employer name, union name and local number, private insuror name, government policy name etc.).
- b. Name of the group plan or private insurance company.
- c. The type of health benefits available with each plan such as hospital, medical, dental, psychological and/or vision.
- d. The name of each person enrolled in the plan and all dependents enrolled under that person.
- e. The premium charged to you (if any) for coverage under the plan for yourself only;



- f. The premium charged to you (if any) for coverage for your dependents;
- g. The amount (if any) of the cost of dependent coverage paid for by your employer; and
- h. The name of each currently covered dependent;
- i. The exact plan name of each plan;
- j. The name and address of the Plan Administrator of each plan.

ANSWER:

15. If you and/ or the children are not enrolled in any health benefit plan but you and/or your dependents are eligible to enroll in a plan, state:
- a. Name of entity through which the health benefit is available, (i.e. employer name, union name and local number, private insurer name, government policy name etc.).
  - b. Name of the group plan or private insurance company.
  - c. The type of health benefits available with each plan such as hospital, medical, dental, psychological and/or vision.
  - d. The name of each person who is eligible to be enrolled in the plan and all dependents eligible to be enrolled under that person.
  - e. The cost to you (if any) for coverage under the plan for yourself only;
  - f. The cost charged to you (if any) for coverage for your dependents;
  - g. The amount (if any) of the cost of dependent coverage paid for by your employer;
  - h. The exact name of each plan;
  - g. The name and address of the Plan Administrator of each plan.

ANSWER:

16. If you or your dependents are not currently eligible to be enrolled in any health benefit plan, state when and under what circumstances you could first become eligible to enroll yourself and/or your dependents.

ANSWER:

17. Does your employer offer a "cafeteria plan" whereby eligible employees can pay the premiums for insurance coverage and other medical expenses on a pre-tax basis? If so, describe how said plan works regarding health benefits.

ANSWER:

18. For each child state the annual average of gross monthly uninsured extraordinary medical expenses as defined in the Form 14 Guideline Instructions. (Uninsured expenses for a chronic condition in excess of \$100.00 for a single illness.)

ANSWER:

19. If you have a court or administrative ordered support obligation for a former spouse or a child not involved in this action, state:

- a. The full name of each such person.
- b. The monthly gross amount of that support.
- c. The person's date of birth.
- d. The termination date of that obligation.
- e. The person's relationship to you.
- f. The case number and identity of the issuing county or agency.

ANSWER:

20. State:
- a. The full name and date of birth of each of your minor natural or adopted children not involved in this action who resides primarily with you.
  - b. The gross monthly amount of child support ordered to be paid to you for each such child.
  - c. The case number and identification of the issuing court or agency.

ANSWER:

21. If you have employment-related childcare expense for a child, state:
- a. The name and address of the childcare provider.
  - b. The monthly cost of childcare (weekly cost times 4 1/3) during the school year.
  - c. The monthly cost of childcare (weekly cost times 4 1/3) during the summer, and the number of weeks of your child's summer vacation from school.
  - d. Whether the full cost must be paid when the child does not attend daycare (such as for vacations, days absent, etc).
  - e. The amounts of and reasons for any extra charges. (such as annual enrollment fee, late pickup charges, field trips, meals).
  - f. If childcare expense varies during the year, explain.
  - g. The amount of the annual childcare tax credit from your current childcare expense.

- h. List the annual amounts of all child care subsidies from your employer and how the subsidy is determined..
- i. If you pay any of your childcare expenses with pre-tax dollars through your employment, (such as cafeteria plan, etc.) state the amount per month so paid.
- j. If you anticipate a change in childcare expense, explain the reason for the change and the monthly gross child care costs anticipated after the change..

ANSWER:

22. For each child, state the average gross monthly extraordinary expense s defined in Form 14 Guidelines such as tutor, private school, camp, lessons, travel, athletic, social and cultural activities.

ANSWER:

23. State for each child who attends non-public elementary or secondary school:
- a. The name and address of the school;
  - b. Annual tuition cost and due dates;
  - c. Identify and state annual cost for each fee, such as enrollment, books, activity;
  - d. Annual uniform costs;
  - e. Annual transportation costs;

- f. Description and amount of any other costs.

ANSWER:

24. For each child who attends or is expected to attend college or post-secondary school within the next 12 months, state:

- a. The name, address and telephone number of the college or school.
- b. The per semester (or the academic period) tuition cost.
- c. The per semester cost for each fee (such as laboratory, student activities, parking, athletics, etc.).
- d. The per semester room and board cost, specifying separately each additional expense (such as telephone, air conditioner rental, etc.).
- e. The per semester books, supplies, and equipment costs.
- f. Estimated cost for transportation to and from the school, designating the number of trips per year, the method of transportation, and cost per trip.
- g. Expenses for outfitting the dormitory room or other living area.
- h. Costs of any insurance required by the institution.
- i. Costs of other monthly living expenses, identifying each expense.
- j. The amount, nature and source of loans applied for each semester.
- k. The amount, nature and source of any financial aid (scholarships, grants, others) awarded for each semester, and the terms of same.
- l. Any other expenses.

ANSWER:

