
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,

vs.

_____,
Respondent.

Case No. _____

UNIFORM FAMILY LAW
INTERROGATORIES

PLEASE TAKE NOTICE that you are hereby required to answer the following Interrogatories, under oath, within thirty (30) days from the service hereof, and that your answers must be in conformance with all provisions of Rule 413 of the Rules of Family Law Procedure.

PRELIMINARY STATEMENT

A. When answering these Interrogatories, you are requested to furnish all information available to you, including information in the possession of your attorneys, investigators, experts, employees, agents, representatives, guardians, or any other person or persons acting on your behalf, not merely such information as is known by you on personal knowledge.

B. If you cannot answer any of the following Interrogatories in full, after exercising due diligence to secure the information to do so, so state, and answer to the extent possible, specifying your inability to answer the remainder, and stating whatever information and knowledge you have concerning the unanswered portion.

C. If after responding to these interrogatories, you acquire any information responsive thereto, you are required to serve supplemental responses containing such information pursuant to Rule 413(J) of the Rules of Family Law Procedure.

BACKGROUND AND PERSONAL HISTORY

1. NAME AND CONTACT INFORMATION.

State your full name, current residence, telephone number, last three digits of your social security number, and date of birth; any names by which you have been known in the past; and, for any other person residing in your household, the full name, current residence, telephone number, social security number, date of birth, and any names by which that person has been known in the past.

ANSWER: _____

2. EDUCATION AND TRAINING

Please provide the extent of your education, course of study, degrees obtained, and date obtained.

ANSWER: _____

3. EMPLOYMENT

a. State the name and address of each employer you have had during the last 3 years, and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.

ANSWER: _____

b. State the gross monthly income from each employer or source of income named in paragraph a.

ANSWER: _____

c. State the monthly take home from your current employment.

ANSWER: _____

d. Have you engaged in any part-time employment in addition to your regular occupation within the past 3 years? (Y/N) _____. If yes, state whether you are still engaged in this part-time employment and state your monthly income from this employment.

ANSWER: _____

e. Have you received overtime pay, commissions or bonuses within the last 3 years? (Y/N) . If yes, state below the monthly gross amount you have earned from overtime pay and the dollar amount of each commission and/or bonus received.

ANSWER: _____

f. Attach your 2 most recent payroll stubs and your contract of employment.

ANSWER: _____

4. DEFERRED COMPENSATION, RETIREMENT BENEFITS, AND DISABILITY PAY

Do you have an IRA or are you or have you ever been a participant in a retirement plan (such as a pension, deferred compensation, profit-sharing, stock, investment, thrift savings, 401(k), etc.), hereinafter referred to as "plan," or are you receiving or have you ever received disability pay?
(Y/N)_____. If yes:

a. Describe each plan.

ANSWER: _____

b. Indicate whether each plan is qualified with the IRS.

ANSWER: _____

c. State the name of the plan and the name and address of the trustee and the plan administrator.

ANSWER: _____

d. State the date you began the employment that permitted you to participate in the plan and the number of years and months in which you have participated and are entitled to credit.

ANSWER: _____

e. State the value of your interest as of the last valuation date and state that date.

ANSWER: _____

f. Attach a copy of your current plan and your most recent plan statement.

ANSWER: _____

g. State whether there is a survivor benefit available on the plan. If yes, state who is named the survivor of the plan.

ANSWER: _____

h. Do you receive any disability pay? (Y/N)_____. If yes, provide the amount of disability pay received each month.

ANSWER: _____

5. HEALTH INSURANCE

Do you have health insurance through your present employer? (Y/N)_____. If yes, answer the following:

a. Names of the persons covered by the health plan:

ANSWER: _____

b. The cost to insure yourself only, if there is a cost:

ANSWER: _____

c. Cost to insure your spouse, if there is a cost:

ANSWER: _____

d. Cost to insure your child, if there is a cost:

ANSWER: _____

e. What is the deductible?

ANSWER: _____

f. What is the co-pay?

ANSWER: _____

6. OTHER INCOME

Do you have any sources of income other than as described in Interrogatory No. 3? (Y/N) _____. If yes, state each source of income and the amount received from each source in this year and in each of the last 3 calendar years. Attach a copy of each document showing each additional source of income.

ANSWER: _____

7. LIFE INSURANCE

Do you presently own or have an interest in any life insurance or annuity policy? (Y/N) _____. If yes, for each policy, state:

a. The name and address of the insurance company.

ANSWER: _____

b. The type of policy, i.e., term, straight life, universal, whole life, tax deferred annuity or other.

ANSWER: _____

c. Whether that insurance is connected with your employment and if the employer pays for the cost of the health insurance.

ANSWER: _____

d. The amount and date of any loan(s) taken on the policy.

ANSWER: _____

e. The present cash surrender value of the policy, if any.

ANSWER: _____

f. Cost to you, if any, on an annual basis.

ANSWER: _____

g. The name of each beneficiary and what percentage to each beneficiary.

ANSWER: _____

8. EMPLOYMENT BENEFITS

In the past calendar year have you received, or do you expect to receive in the next twelve months any employment related benefits, such as a vehicle or vehicle allowance, stock options, pension or profit-sharing payments, vacation pay or expense account payments or reimbursements? (Y/N) _____. If yes, specify the benefits you received or expect to receive.

ANSWER: _____

9. CHILD CUSTODY

a. Do you believe that you and your spouse can reach an agreement concerning custody and parenting time without the intervention of the court or conciliation services? (Y/N) ____

b. How do you want to share parenting time between parents?

ANSWER: _____

1. How do you want to divide the week?

ANSWER: _____

2. How do you want to divide holidays?

ANSWER: _____

3. How do you want to divide summer or other school recesses?

ANSWER: _____

c. How do you propose making the following decisions regarding your child:

1. Physical/medical matters.

ANSWER: _____

2. Psychological/psychiatric matters.

ANSWER: _____

3. Legal matters.

ANSWER: _____

4. Religious matters.

ANSWER: _____

5. Educational matters.

ANSWER: _____

6. Activities and/or sports.

ANSWER: _____

d. Does a child of the relationship have special needs or disabilities? (Y/N)
____. If yes, state:

1. What are the child's special needs?

ANSWER: _____

2. Itemize the extraordinary expenses and amounts associated with caring for this child?

ANSWER: _____

3. Is this child over the age of 18? (Y/N) ____.

e. What, if any, concerns do you have about the other parent's parenting skills?

ANSWER: _____

f. For each answer you provided above, list each and every fact supporting your position.

ANSWER: _____

10. CHILD PROTECTIVE SERVICES

Have you or has any person residing in your household ever been investigated by any agency in any state for any reason related to abuse or neglect of children? (Y/N) __. If yes, state:

a. State and agency investigating;

ANSWER: _____

b. Date of investigation;

ANSWER: _____

c. Reason for investigation; and

ANSWER: _____

d. Outcome/findings.

ANSWER: _____

11. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for your minor child? (Y/N)_____. If yes, identify the limitations in detail.

ANSWER: _____

12. DRIVING HISTORY

a. Has any jurisdiction revoked or suspended your driver's license or placed you on probation? If yes, state:

1. Jurisdiction:

ANSWER: _____

2. Approximate date(s) and reason for revocation, suspension, or probation:

ANSWER: _____

b. Have you had any moving violations in the last 3 years? (Y/N) _____. If yes, state:

1. Jurisdiction:

ANSWER: _____

2. Approximate date(s) and nature of moving violations:

ANSWER: _____

13. EMPLOYMENT HISTORY

Have you been the subject of disciplinary complaints at any place of employment? If yes, provide explanation and details.

ANSWER: _____

14. CRIMINAL HISTORY

Have you or has any person residing in your household been investigated or arrested for any criminal behavior? (Y/N) __. If yes, state:

a. The individual.

ANSWER: _____

b. Name and location of investigating and/or arresting agency.

ANSWER: _____

c. Approximate date.

ANSWER: _____

d. The alleged criminal behavior.

ANSWER: _____

e. Disposition.

ANSWER: _____

15. DOMESTIC VIOLENCE

a. Have you, your spouse, or any person residing in your household been investigated, arrested or a party to any litigation, in any court of this state or any other state in the United States, which relates to domestic violence? (Y/N) _____. If yes, state:

1. The individual.

ANSWER: _____

2. Name and location of investigating and/or arresting agency.

ANSWER: _____

3. Name and location of the court where the action was filed.

ANSWER: _____

4. Nature of the complaint.

ANSWER: _____

5. Disposition.

ANSWER: _____

6. Expiration date of any resultant order.

ANSWER: _____

b. Have you, your spouse, or any person residing in your household been subject to an order of any court of this state or any other state in the United States which limits or prohibits conduct or actions because of violence or physical abuse? (Y/N)____. If yes, provide details regarding the order, including specific dates, names of the person subject to such order, other person(s) involved and any conditions, limitations or prohibitions contained in the order.

ANSWER: _____

c. Have there been allegations of child abuse, neglect or abandonment filed against you, your spouse, or any person residing in your household through child protective services or a similar agency, by any law enforcement agency, or by any juvenile courts in any state of the United States? (Y/N)_____. If yes, provide details regarding the nature and disposition of said allegations or investigations, including specific dates, names of investigators and other person(s) involved.

ANSWER: _____

16. LAW SUITS

During the last 3 years have either you or your spouse suffered an injury for which you believe you may receive compensation or have you been a party to any lawsuit? (Y/N) . If yes, give details below.

ANSWER: _____

17. TAX RETURNS

Did you file federal and state income tax returns for the last 5 tax years? (Y/N)____
_____. If yes, as to each tax year state:

a. Was it a joint or separate return?

ANSWER: _____

b. Who currently has a copy of that return?

ANSWER: _____

c. Who prepared the return?

ANSWER: _____

18. FINANCIAL STATEMENTS

Has any financial statement, loan application, and/or credit application been prepared for you or by you or for any business entity in which you have an ownership interest within the past 2 years? (Y/N)_____. If yes, state:

a. The date, name and address of each person, firm, corporation, partnership, mercantile or trade agency, or other organization to whom they were submitted.

ANSWER: _____

19. ATTORNEYS' FEES AND COSTS

State the terms and conditions of the employment of your attorney in this case, including the hourly rate or other basis for fees.

ANSWER: _____

20. WITNESSES AND EXHIBITS

a. Do you intend to offer any documents into evidence at the time of hearing/trial of this case? (Y/N) _____. If yes, state:

1. The description, subject matter, form, name and number of each and every document:

ANSWER: _____

b. List the name, address and telephone number of all individuals with knowledge of any issues in this case.

ANSWER: _____

c. Have you employed or do you intend to employ any expert witness for purposes of supporting any of your allegations in this litigation and/or for purposes of testifying at the trial of this action? (Y/N) _____. If yes, unless otherwise already disclosed pursuant to the mandatory disclosure, state or provide with regards to each expert:

1. The expert's name, or other means of identification, last known complete address and telephone number:

ANSWER: _____

2. The expert's profession, job title, or occupation and the field in which that person is an expert:

ANSWER: _____

3. Whether you intend to call the expert as a witness during the hearing/trial of this action:

ANSWER: _____

4. The substance of the facts and opinions to which the expert witness is expected to testify:

ANSWER: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature