

Date Given/Mailed to Client _____

PLEASE RETURN BY _____

PATTERSON, HANNA & ASSOCIATES, LLP

FAMILY LAW FORM INTERROGATORIES WORKSHEET

CLIENT NAME: _____

DATE WORKSHEET COMPLETED: _____

This office was served with Family Law Form Interrogatories from Opposing Counsel/Opposing Party. If we do not respond to same within 30 days they can file a Motion to Compel you to complete same and request attorney fees. Thus, it is imperative that we receive this worksheet back from you by the requested date.

Please respond to each question/number with a check mark.

You may write directly on this worksheet. If you need more room you may write on a separate sheet of paper. Please be sure to attach same to this worksheet when you return it to our office.

Please remember to attachment documentation when requested.

If you have any questions regarding this worksheet, please contact this office and speak with either your attorney or the Paralegal organizing your case.

1. PERSONAL HISTORY:

| | |
|------------------------------------|--|
| Full Name (First, Middle and Last) | |
| Current Residence Address | |
| Employers Name | |
| Employers Address | |
| Social Security Number | |
| Other Names Used | |
| Dates Other Names Used | |

2. AGREEMENTS:

Have any agreements been reached between you and your spouse either oral or written regarding the division of assets or support in this proceeding?

NO

YES

If YES, please check if it is an oral agreement or a written agreement. If written, please attach a copy of the document. If oral, please provide a written description of the agreement.

Oral

Written

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3. LEGAL ACTIONS:
Are you a party or do you anticipate being a party on another matter?

NO

YES If YES, please advise of the following:

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|--|--|
| Your Role (plaintiff, defendant, etc.) | |
| Name of Case | |
| Jurisdiction (court location) | |
| Case No. | |
| Brief Description of Case | |

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|--|--|
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| Name of Case | |
| Jurisdiction (court location) | |
| Case No. | |
| Brief Description of Case | |

4. LIST PERSONS SHARING RESIDENCE:

I Live Alone

| Name | Age | Relationship |
|------|-----|--------------|
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5. SUPPORT PROVIDED FOR OTHERS:

Please indicate each person you have provided support within the last 12 months.
(i.e.: children, spouse, parents, new relationship)

None

| Name | Age | Current Address | Relationship | Monthly Amount Provided |
|------|-----|-----------------|--------------|-------------------------|
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6. SUPPORT RECEIVED FOR OTHERS:

Please indicate each person you have RECEIVED support for within the last 12 months.
(i.e.: parents, friends, new relationship, church)

None

| Name | Age | Current Address | Relationship | Monthly Amount Provided |
|------|-----|-----------------|--------------|-------------------------|
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- 7. CURRENT INCOME:**
Please list all income you have received in the last 12 months and attached your last two months worth of paycheck stubs. (i.e.: employment, interest income, trust income)

None

| Source of Income (Name of employer or business) | Basis for Pay (hourly rate, salary, etc.) | Total Amount Receive for the Last 12 Months |
|--|--|--|
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- 8. OTHER INCOME:**
If, in the last three years you have received cash, property or any other sort of compensation not listed in Item 7, please indicate same below. (i.e.: bonus, stock options, investment income)

None

| Source of Income (Name of employer or business) | Date Received | Type of Compensation and Value |
|--|---------------|--------------------------------|
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- 9. TAX RETURNS:**
Please attach copies of your last three tax returns.

- 10. SCHEDULE OF ASSETS AND DEBTS:**
- Please complete the attached worksheet for assets and debts.
 - You have already been provide with a copy of the asset and debt worksheet on _____, please return this document along with this worksheet.

11. SEPARATE PROPERTY CONTENTIONS:

Please list each item you believe is your separation property and why.
(i.e.: gifts, inheritance, assets prior to marriage or after separation)

None

| Item | Reason |
|------|--------|
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12. PROPERTY VALUATIONS:

Please list any written appraisals or offers on the property listed on your Schedule of Assets and Debts
(worksheet) in the last 12 months.

(i.e.: property appraisals, insurance appraisals, refinance appraisals)

None

| Asset | Date of Document(s) | Name & Address of Appraiser | Amount of Money Involved |
|-------|---------------------|-----------------------------|--------------------------|
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13. PROPERTY HELD BY OTHERS:

Please list any property held by a third party that you have an interest in or control of.

None

| Asset | Value | Name of 3 rd Party | Listed on Asset Schedule |
|-------|-------|-------------------------------|--------------------------|
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14. RETIREMENT AND OTHER BENEFITS:

Please list any interest in any Retirement Plan, Profit Sharing Plan, Deferred Compensation Plan.

None

| Name of Plan | Name, Address & Telephone # of Administrator | Name, Address & Telephone # of Custodian of Records |
|--------------|--|---|
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15. CLAIMS OF REIMBURSEMENT:

Please list any legal claim that you may have to be reimbursed.
(i.e.: community reimbursement to separate property)

None

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16. CREDITS:

Please list any credits that you believe that you are due (i.e. Payment on community property debts (credit cards, credit line, personal loans) since the date of separation).

None

| Payment Made to | Amount Paid | Date Paid | Source of Payment | Added to Debt since Date of Separation |
|-----------------|-------------|-----------|-------------------|--|
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17. INSURANCE:

Please list ANY and ALL Insurance Policies:

None

| Type of Policy | Policy Number | Name of Company | Agents Name | Agents Address |
|----------------|---------------|-----------------|-------------|----------------|
| Medical | | | | |
| Dental | | | | |
| Auto | | | | |
| Life | | | | |
| | | | | |

18. HEALTH:

Please list any health conditions that you have (physical or mental) that would limit your ability to work.

None

| Condition | Limitations |
|-----------|-------------|
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- 19. CHILDREN'S NEEDS:**
Please list any special needs that your children have.

None

| Name of Child | Need | Cost Relating to Need | Duration of Need |
|---------------|------|-----------------------|------------------|
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- 20. ATTORNEY FEES:**
Please list ALL attorney fees that you have paid throughout this matter

| Attorney Name | Hourly Rate | Total Amount Paid to Date | Balance Due |
|---------------|-------------|---------------------------|-------------|
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- 21. GIFTS:**
Please list any gifts that you have made within the last two years without the consent of your spouse.

None

| Gift Made | Value of Gift | Who Received Gift | Relationship to You |
|-----------|---------------|-------------------|---------------------|
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