

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

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:

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

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Case No.	
Brief Description of Case	

4. LIST PERSONS SHARING RESIDENCE:

I Live Alone

Name	Age	Relationship

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

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

- 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

- 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

- 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

- 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

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

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

15. CLAIMS OF REIMBURSEMENT:

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

None

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

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

- 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

- 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

- 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