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 – CUSTODY MODIFICATION |

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 405 of the Rules of Family Law Procedure.

# PRELIMINARY STATEMENT

1. 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.
2. 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.
3. 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 405 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:

Full Name (First, Middle, Last): All Other Names You Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

For Each Other Person in Your Household:

Full Name (First, Middle, Last): All Other Names They Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

1. EDUCATION AND TRAINING

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

ANSWER:

Highest Degree Achieved: Date Achieved: All Other Professional and/or Technical Degrees/Certifications:

Date Each Was Achieved: Primary Course of Study:

1. EMPLOYMENT

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:

Name of Employer: Address of Employment: Job Title: Rate of Pay: Bonus Structure: Number of Hours Worked Per Week (on average): How Many Hours Overtime per month (on average): Rate of Overtime Pay: Date of Employment: Date of Termination: Reason for Termination of Employment:

For Self-Employment:

Name of Business: Address of Employment: Type of Work Performed: Annual Income (Gross Receipts): Annual Profits (Net Income) Date of Start of Self-Employment: Date of End of Self-Employment: Reason for End of Self-Employment:

1. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER:

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: Cost to Insure Employee: Cost to Insure Spouse: Cost to Insure Employee + Child: Cost to Insure Employee + Family: Deductible for Individual: Deductible for Family: Co-Pay:

1. 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?

ANSWER: If Yes give details of the benefit)

Vehicle: Vehicle Allowance: Stock Options: Pension: Profit-sharing: Vacation Pay: Expense Account: Expense Reimbursements: Other Benefit Not Listed:

1. LEGAL CUSTODY

Who should make the following decisions regarding our child on the following topics? ANSWER:

Physical/medical matters: Psychological/psychiatric matters: Legal matters: Religious matters: Educational matters: Activities and/or sports:

1. SPECIAL NEEDS (only include if you have a child with special needs) What do you think our child’s special needs include?

ANSWER:

Nature of Special Needs: Diagnoses: Limitations on Life Activities: Out-of-Pocket Expense for caregiving (average month): Out-of-Pocket Expense for Therapies (average month): Other Out-of-Pocket Expenses (average month):

1. PARENTING SKILLS

What concerns do you have about my parenting?

ANSWER:

1. What facts do you have that support your concerns about my parenting?

ANSWER:

1. CHILD PROTECTIVE SERVICES

Has any person in your household (including you) ever been investigated by any agency in any state for any reason related to abuse or neglect of children?

ANSWER:

If yes, please provide the following information.

If there was more than one investigation, provide the same information for each investigation.

ANSWER:

Name of Household Member: The State Where Investigation Happened: Agency Investigating (all): Date of Investigation: Reason for Investigation: Outcome of Investigation: Findings from Investigation:

1. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for our child/ren?

ANSWER:

If yes, please provide the following information:

Mental Limitation: Diagnoses: Adaptive Equipment: Supportive Services:

Physical Limitation: Diagnoses: Adaptive Equipment: Supportive Services:

1. DRIVING HISTORY

Has your driver license ever been revoked or suspended?

ANSWER:

If yes, please provide the following information:

Was it suspended or revoked? Where (State): What Was the Date of Suspension/Revocation? How Long Was Suspension/Revocation?

1. DRIVING HISTORY

Have you had any moving violations in the last three years?

ANSWER:

If yes, please provide the following information:

What was the charge? Where (County, State): Date(s)?

1. EMPLOYMENT HISTORY

Have you ever been disciplined at work?

ANSWER:

If yes, please provide the following information:

If there has been more than one discipline, provide the same information for every instance.

Name of Employer: Date of Discipline: Nature of Violation: Discipline Imposed:

1. CRIMINAL HISTORY

Has anyone in your household (including you) ever been criminally investigated or arrested?

ANSWER:

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: The State Where Investigation/Arrest Happened: Agency Investigating/Arresting (all): Date of Investigation/Arrest: Reason for Investigation/Arrest: Outcome of Investigation/Arrest: Charges Issued: Charges with Guilty Pleas: Charges Dismissed: Convictions by Court:

1. DOMESTIC VIOLENCE

Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

ANSWER:

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: The State Where Investigation/Arrest Happened: Agency Investigating/Arresting (all): Date of Investigation/Arrest: Reason for Investigation/Arrest: Outcome of Investigation/Arrest: Charges Issued: Charges with Guilty Pleas: Charges Dismissed: Convictions by Court: Civil Protection Orders Issued: Civil Protection Orders Denied:

1. WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER:

List the name, address, and telephone number of all witnesses.

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

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

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| ,  Petitioner,  vs.  ,  Respondent. | Case No.  UNIFORM FAMILY LAW INTERROGATORIES – DIVORCE WITHOUT CHILDREN |

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 405 of the Rules of Family Law Procedure.

# PRELIMINARY STATEMENT

1. 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.
2. 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.
3. 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 405 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:

Full Name (First, Middle, Last): All Other Names You Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

For Each Other Person in Your Household:

Full Name (First, Middle, Last): All Other Names They Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

1. EDUCATION AND TRAINING

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

ANSWER:

Highest Degree Achieved: Date Achieved: All Other Professional and/or Technical Degrees/Certifications:

Date Each Was Achieved: Primary Course of Study:

1. EMPLOYMENT

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:

Name of Employer: Address of Employment: Job Title: Rate of Pay: Bonus Structure: Number of Hours Worked Per Week (on average): How Many Hours Overtime per month (on average): Rate of Overtime Pay: Date of Employment: Date of Termination: Reason for Termination of Employment:

For Self-Employment:

Name of Business: Address of Employment: Type of Work Performed: Annual Income (Gross Receipts): Annual Profits (Net Income) Date of Start of Self-Employment: Date of End of Self-Employment: Reason for End of Self-Employment:

1. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER:

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: Cost to Insure Employee: Cost to Insure Spouse: Cost to Insure Employee + Child: Cost to Insure Employee + Family: Deductible for Individual: Deductible for Family: Co-Pay:

1. 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?

ANSWER: If Yes give details of the benefit:

Vehicle: Vehicle Allowance: Stock Options: Pension: Profit-sharing: Vacation Pay: Expense Account: Expense Reimbursements: Other Benefit Not Listed:

1. EMPLOYMENT HISTORY

Have you ever been disciplined at work?

ANSWER:

If yes, please provide the following information:

If there has been more than one discipline, provide the same information for every instance.

Name of Employer: Date of Discipline: Nature of Violation: Discipline Imposed:

1. CRIMINAL HISTORY

Has anyone in your household (including you) ever been criminally investigated or arrested?

ANSWER:

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: The State Where Investigation/Arrest Happened: Agency Investigating/Arresting (all): Date of Investigation/Arrest:

Reason for Investigation/Arrest: Outcome of Investigation/Arrest: Charges Issued: Charges with Guilty Pleas: Charges Dismissed: Convictions by Court:

1. DOMESTIC VIOLENCE

Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

ANSWER:

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: The State Where Investigation/Arrest Happened: Agency Investigating/Arresting (all): Date of Investigation/Arrest: Reason for Investigation/Arrest: Outcome of Investigation/Arrest: Charges Issued: Charges with Guilty Pleas: Charges Dismissed: Convictions by Court: Civil Protection Orders Issued: Civil Protection Orders Denied:

1. LAWSUITS

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?

ANSWER:

If yes, give details below. ANSWER:

The State Where Lawsuit Happened: Case Number of Lawsuit: Amount of Compensation Requested: Amount of Compensation Received:

Outcome of Lawsuit:

1. ATTORNEY FEES

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

ANSWER:

Rate: Other Conditions/Terms:

1. . WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER:

List the name, address, and telephone number of all witnesses.

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.

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ANSWER:

Full Name (First, Middle, Last): All Other Names You Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

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Full Name (First, Middle, Last): All Other Names They Have Used: Residential Address: Telephone Number: Last 3 Digits of Social Security Number:

1. EDUCATION AND TRAINING

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

ANSWER:

Highest Degree Achieved: Date Achieved: All Other Professional and/or Technical Degrees/Certifications:

Date Each Was Achieved: Primary Course of Study:

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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:

Name of Employer: Address of Employment: Job Title: Rate of Pay: Bonus Structure: Number of Hours Worked Per Week (on average): How Many Hours Overtime per month (on average): Rate of Overtime Pay: Date of Employment: Date of Termination: Reason for Termination of Employment:

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Name of Business: Address of Employment: Type of Work Performed: Annual Income (Gross Receipts): Annual Profits (Net Income) Date of Start of Self-Employment: Date of End of Self-Employment: Reason for End of Self-Employment:

1. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER:

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: Cost to Insure Employee: Cost to Insure Spouse: Cost to Insure Employee + Child: Cost to Insure Employee + Family: Deductible for Individual: Deductible for Family: Co-Pay:

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ANSWER:

Nature of Special Needs: Diagnoses: Limitations on Life Activities: Out-of-Pocket Expense for caregiving (average month): Out-of-Pocket Expense for Therapies (average month): Other Out-of-Pocket Expenses (average month):

1. PARENTING SKILLS

What concerns do you have about my parenting?

ANSWER:

1. What facts do you have that support your concerns about my parenting?

ANSWER:

1. CHILD PROTECTIVE SERVICES

Has any person in your household (including you) ever been investigated by any agency in any state for any reason related to abuse or neglect of children?

ANSWER:

If yes, please provide the following information.

If there was more than one investigation, provide the same information for each investigation.

ANSWER:

Name of Household Member: The State Where Investigation Happened: Agency Investigating (all): Date of Investigation: Reason for Investigation: Outcome of Investigation: Findings from Investigation:

1. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for our child/ren?

ANSWER:

If yes, please provide the following information:

Mental Limitation: Diagnoses: Adaptive Equipment: Supportive Services:

Physical Limitation: Diagnoses: Adaptive Equipment: Supportive Services:

1. DRIVING HISTORY

Has your driver license ever been revoked or suspended?

ANSWER:

If yes, please provide the following information:

Was it suspended or revoked? Where (State): What Was the Date of Suspension/Revocation? How Long Was Suspension/Revocation?

1. DRIVING HISTORY

Have you had any moving violations in the last three years?

ANSWER:

If yes, please provide the following information:

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Have you ever been disciplined at work?

ANSWER:

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Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

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1. LAWSUITS

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?

ANSWER:

If yes, give details below. ANSWER:

The State Where Lawsuit Happened:

Case Number of Lawsuit: Amount of Compensation Requested: Amount of Compensation Received: Outcome of Lawsuit:

1. ATTORNEY FEES

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

ANSWER:

Rate: Other Conditions/Terms:

1. . WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER:

List the name, address, and telephone number of all witnesses.

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