

Prince William County JDR Model Interrogatories (Support)

VIRGINIA:

**IN THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT
OF PRINCE WILLIAM COUNTY**

_____,)	
Petitioner,)	
)	
v.)	Case No. JA _____
)	
_____)	
Respondent,)	

To: {Party}
c/o: {Counsel}

INTERROGATORIES

The following Interrogatories are directed to you pursuant to Rules 4:0 et seq. of the Rules of the Supreme Court of Virginia. You are requested to answer these Interrogatories fully, in writing and under oath, and to serve a copy of your answers upon the undersigned counsel within twenty-one (21) days after service of these Interrogatories.

Definitions and Instructions

- a. These Interrogatories are continuing in nature as provided in Rule 4:1(e)(1) and (2) so as to require the filing of supplemental answers without further request should additional information, or information inconsistent with the information contained in the answers to these Interrogatories, become available to the party to whom these Interrogatories are directed.
- b. The word “**person**,” used in these Interrogatories, includes both the singular and plural, and includes legal entities and organizations as well as individual people.
- c. Where the **identity** or name of a person is requested, state in your answer the full name of the person, present or last known home address and business address, electronic mail address, and daytime telephone number.

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d. Any requested information, unless privileged, which is known by any of your attorneys, accountants or other agents, acquired while acting on your behalf, shall be given in response to these Interrogatories. To the extent you do not know the precise information requested, provide your best estimate thereof.

e. If additional space is required to fully answer, please continue answer on a separate sheet of paper properly identified (e.g., “continuation of answer to interrogatory number 7”).

f. Interrogatories numbered “ #_(M)” are taken from the Model Interrogatories approved by the judges of the Prince William County Juvenile and Domestic Relations District Court. As such, no objections as to the form of Model Interrogatories will ordinarily be sustained by the judges of the Prince William County Juvenile and Domestic Relations District Court.

<p>A. THE FOLLOWING INTERROGATORIES ARE FOR USE IN CASES INVOLVING ISSUES OF CHILD SUPPORT. [These questions cover areas involving income from all sources, employment and employment income]</p>

1(M) Provide the following information as to all checking, savings, credit union held in your name, individually or jointly with any other person, at any time during the past two (2) years

Name of Institution	Type of Account	Account no.	How Titled	Present Balance

2(M) Provide the following information as to all investment accounts such as mutual funds, stocks, bonds, other securities or investment funds (excluding IRA, KEOGH and 401(k) accounts) owned by you, individually or jointly with any other person, at any time during the past two (2) years:

Name of Account	Name of owner(s)	Present value

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3(M) Provide the following information as to all businesses (such as sole proprietorships, corporations, partnerships, trusts, etc.) owned by you, individually or jointly with any person, at any time during the past two (2) years (exclude stock in publicly-held corporations, in which you hold less than 1% of outstanding shares, and which you have disclosed in any other answer to interrogatory herein):

Name of Business	Business Form	All Business Owners (provide full names and addresses for each owner)	% Owned	Annual Gross Revenue in each of the past two (2) years	Annual Net Revenue in each of the past two (2) years

4(M) Provide the following information as to all current credit cards, personal charge accounts, loans and notes payable, and other debts upon which you are primarily or in any other way liable:

Creditor	Debt Purpose	Account No.	Persons Liable	Present Balance	Monthly Payment

5(M) Give the following information regarding your present employment (please answer separately regarding each job held):

- a. Employer's name and address:
- b. Position or title:
- c. Dates of employment:

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- d. Salary history for past two (2) years:
- e. Present work schedule:
- f. The nature, value and date of all overtime, bonuses, commissions or other compensation in past two (2) years:
- g. Describe all fringe benefits, such as insurance coverage (life, health, dental, etc.), automobile use, vacation and sick leave:
- h. Approximate dates of expected future promotions or reviews within the coming year and the increments in salary anticipated:
- i. If you are employed less than forty (40) hours per week, please specify all reasons why you are not now working full-time:

ANSWER:

6(M) If you are unemployed, working only part-time or have been at your present employment less than two (2) years, provide the following for each of your previous places of employment during the past two (2) years:

- a. Employer's name and address:
- b. Position or title:
- c. Dates of employment:
- d. Salary history for last two (2) years in job:
- e. Work schedule:
- f. The nature, value and date of all overtime, bonuses, commissions or other compensation in last two years in job:
- g. Describe all fringe benefits, such as insurance coverage (life, health, dental, etc.), automobile use, vacation and sick leave:
- h. Reason for separation from or termination of employment:

ANSWER:

7(M) If you are presently unemployed or employed less than full-time (35 hour/week):

- a. Outline fully your efforts to seek new or full-time employment during the past two (2) years:
- b. For each potential employer contacted during the past two (2) years, provide the following:
 - (1) Name and address of prospective employer:
 - (2) Persons you contacted there:
 - (3) Dates of contacts:

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(4) Salary/income advertised, sought or offered (indicate which):

(5) Mode of application (e.g., letter, phone, E-mail):

(6) Present status of application:

c. If there were any periods of two (2) weeks or longer during the past two (2) years when you did not actively seek new employment, specify each such period, and all reasons therefore:

ANSWER:

8(M) If you contend that, in setting support, the Court should consider any special circumstances of a party or of any child, please describe the said circumstances in detail.

ANSWER:

9(M) If you have health insurance coverage, please provide the following information:

(a) Monthly premium cost you pay:

(b) Monthly premium cost of the same insurance, for:

(1) Self-only coverage:

(2) Self-plus-Spouse coverage:

(3) Self-plus-children/family coverage:

(c) Name all persons presently covered under your plan:

(d) Name of insurance carrier, policy number, and employer or group:

ANSWER:

10(M) If you contend that the other party should have income imputed to him or her, state each reason and each fact supporting such claim.

ANSWER:

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11(M) If you claim an adjustment in your income due to supporting any “other children”, that is children for whom you do not share parentage with opposing party, state the following:

- (a) Names and ages of all such children:
- (b) With whom each child resides:
- (c) If you are paying a regular child support amount for any other child, then:
 - (1) Amount paid: _____ Per: _____
 - (2) To whom paid:
 - (3) Specify agreement or court order requiring such payment:

ANSWER:

12(M) For each work-related day care provider used in the past twelve (12) months, specify:

- (a) Identity of provider:
- (b) Days and hours of care:
- (c) Your work schedule during days of provided care:
- (d) Cost of the care, and cost basis (hourly, weekly, etc.):
- (e) Average monthly cost for past twelve (12) months:

ANSWER:

13(M) If you claim any addition to the basic support obligation for extraordinary medical expenses of a child: (Define extraordinary expenses, as coming out of pocket to the tune of at least \$100.00 per month).

- (a) Identify all medical providers and the child for whom services were rendered, dates of treatment, description of medical condition, treatment provided and detail all unreimbursed costs of treatment and any payment plan used in paying such medical expenses.
- (b) State the amount you propose to be added to the basic support for extraordinary medical expenses on a monthly basis and the rationale and calculation for such claim.

ANSWER:

14(M) With respect to your health:

- a. Describe the general condition of your health at present:
- b. Specify any and all physical and/or mental disabilities and chronic ailments with

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which you are afflicted:

d. Identify all treating professionals for each condition described:

ANSWER:

15(M) List all post-high school educational institutions that you have attended or are currently attending giving the dates of attendance, major courses of study, if any, and any diplomas or degrees received.

ANSWER:

16(M) Identify all persons you expect to call as a witness at trial or any hearing in this matter. For any expert witness, state the subject matter on which he or she is expected to testify, the substance of the facts and opinions to which he or she is expected to testify, and a summary of the grounds for each opinion. (Add copy of experts resume).

ANSWER:

AFFIDAVIT

STATE OF _____
CITY/COUNTY OF _____, to-wit:

I, _____, being first duly sworn, make oath and say that the foregoing Answers to Interrogatories are true and correct to the best of my knowledge, information and belief.

Signature

SWORN AND SUBSCRIBED before me, a Notary Public for the State and City/County aforesaid, this ___ day of _____, _____.

NOTARY PUBLIC

My Commission Expires: _____