

IN THE SUPERIOR COURT OF FULTON COUNTY
STATE OF GEORGIA
FAMILY DIVISION

[] :
Plaintiff : CIVIL ACTION FILE
vs. : NO. []
[] :
Defendant :

ANSWERS TO INTERROGATORIES

1. BACKGROUND INFORMATION:

- a. State your full legal name and any other name by which you have been known:
- b. State your present residence and employment or business addresses and telephone numbers:
- c. State the name, age and relationship to you of each person residing at your present address:
- d. List all business, commercial, and professional licenses which you now hold or which you have held in the last three (3) years:
- e. List all of your education after high school, including but not limited to, vocational or specialized training, including the following:

| Name and address of each educational institution | Dates of attendance | Degrees or certificates obtained |
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2. EMPLOYMENT:

For each place of your employment or self-employment during the last three (3) years, state the following information:

| Name, address, and telephone number of your employer. | Dates of employment | Job title and brief description of job duties | Starting and ending salaries | Name of your direct supervisor |
|---|---------------------|---|------------------------------|--------------------------------|
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NOTE: If you have been unemployed at any time during the last three (3) years, show the date of unemployment. If you have not been employed at any time in the last three (3) years, give the requested information for your last period of employment.

3. INCOME:

a. For each of the last three (3) years, state the following information:

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|----------------------------|--|
| Each source of your income | The amount of income you received from each source, including earned, passive, and investment income and capital gains |
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- b. For each of your present employment, self-employment, business, commercial, or professional activities, state the following information:

| | | | |
|--------------------|---|--|---|
| Type of employment | How often and on what days you are paid | An itemization of your gross salary, wages, and income, and all deductions from that gross salary, wages, and income | Any additional compensation or expense reimbursement, including, but not limited to, overtime, bonuses, profit sharing, insurance, expense account, automobile or automobile allowance that you have received or anticipate receiving |
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4. CLAIM OF NON-MARITAL PROPERTY INTEREST:

Do you own personal or real property or sums of money which you claim as your separate property? If so, please describe the property in detail and explain with specificity why you believe that it constitutes your separate property. **“Non-marital” means you had this asset before the marriage or received it by personal gift or inheritance during the marriage. List the total value of each asset. “Value” means what you believe to be the fair market value of the item or property:**

5. PROPERTY HELD BY OTHERS:

Is there any property held by any third party in which you have any control? If your answer is yes, indicate whether the property is shown on the Financial Assets completed by you. If it is not, describe and identify each such asset and state its present value and the basis for your valuation. Also, identify the person holding the asset.

| Asset | Present Value | Basis of Valuation | Person holding Asset |
|-------|---------------|--------------------|----------------------|
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6. INSURANCE:

- (a) Identify each health, life, automobile, and disability insurance policy or plan that you now own or that covers you, your children, or your assets. State the policy type, policy number and name of company. Identify the agent and give the address.

| Policy Type | Policy Number | Name of Insurance Company | Agent & Address |
|-------------|---------------|---------------------------|-----------------|
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- (b) State the amount you pay for life insurance premiums on your life for the benefit for the amount of child(ren) involved in this case.

7. CHILDREN'S EXPENSES

Where applicable, state the regular cost, on a monthly basis, of the following child related expenses incurred on behalf of the child(ren). If any of these expenses did not incur prior to six months before the filing of this action, state when responsibility for the payment began.

- (a) Child care costs related to your work or employment: \$[]
(b) Private school and extraordinary educational expenses: \$[]
(c) Tutoring and private lessons: \$[]
(d) Extracurricular activities:\$[]
(e) Summer and sports camps: \$[]
(f) The portion of health insurance premium payments for child(ren) only: \$[]
(g) Child(ren)'s extraordinary medical expenses: \$[]
(h) Health care expenses not covered or paid by the insurance carrier, including co pays and deductibles: \$[]
(i) Your reasonable and necessary travel expenses for exercising parenting time/visitation time with your children, and the month and year you began paying these expenses: \$[]

8. GIFTS:

List any gifts you have made without the consent of your spouse in the past twenty-four (24) months, their value and the recipients.

| Description of Gift | Value | Recipient |
|---------------------|-------|-----------|
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9. AGREEMENTS:

Are there any agreements between you and your spouse made before or during your marriage or after your separation that affect the disposition of assets, debts, or support in this proceeding? If your answer is yes, for each agreement, state the date made and whether it was written or oral, and attach a copy of the agreement or describe its content.

| Date of Agreement | Written or Oral? | Describe contents (or is it attached?) |
|-------------------|------------------|--|
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10. LEGAL ACTIONS:

Are you a party or do you anticipate being a party to any legal or administrative proceeding other than this action? If your answer is yes, state your role and the name, jurisdiction, case number, and a brief description of each proceeding.

| Your Role | Case Name | Jurisdiction | Case Number | Brief Description |
|-----------|-----------|--------------|-------------|-------------------|
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11. HEALTH:

Is there any physical or emotional condition that limits your ability to work? If your answer is yes, state each fact on which you base your answer.

12. CHILDREN'S NEEDS:

Do you contend your children have any special needs? If so, identify the child with the need, the reason for the need, its cost, and its expected duration.

| Child's Name | Cost | Expected Duration |
|--------------|------|-------------------|
| | | |
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Describe the special needs:

13. OTHER CHILDREN IN THE HOUSEHOLD:

Are there any minor children living in the family household that you have a legal duty to support (not to include step-children) but are not the children of both parties in this proceeding? If you enter yes, state the name of the child, date of birth and the name of the child's other parent.

| Child's Name | Date of Birth | Name of Other Parent |
|--------------|---------------|----------------------|
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14. CHILD CARE PLANS:

In the event you receive custody of your children as you have requested, please state in detail your anticipated plans for child care when you are working and the child is not in school or with your spouse.

KUPFERMAN & GOLDEN
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For The Firm:

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