

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,)
)
Petitioner,)
) Civil Action File No. _____
vs.)
)
_____,)
)
Respondent.)
)

ANSWERS TO INTERROGATORIES

No later than thirty (30) days from the filing of the Complaint, each party is required to serve answers to these Interrogatories to the other party in any proceeding for request of temporary relief or permanent financial relief including, but not limited to, a request for support, alimony, equitable division of property, attorney's fees or other financial payments and to file a certificate indicating that the Answers to Interrogatories were served, the date of service, and the persons served. **Where the answer to an interrogatory may be derived, or explained from business records of the party required to answer these Interrogatories or from an examination, audit or inspection of business records, or from a compilation, abstract, or summary based on records, and the burden of deriving or explaining the answer is substantially the same for the party answering these Interrogatories, it is, sufficient to answer the interrogatory by identifying and attaching the records which explain or provide the answer:**

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.

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

NOTE: If you have been unemployed at any time during the last three (3) years, show the dates 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:

Each source of your income	The amount of income you received from each source, including earned, passive, and investment income and capital gains.

- 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.

4. **CLAIM OF NON-MARITAL PROPERTY INTEREST:**

Do you own personal or real property or sums of money which you claim as your separate or non-marital property? If so, please describe the property in detail and explain with specificity why you believe that it constitutes your separate or non-marital 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 over 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

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

- 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 (6) 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

9. **AGREEMENTS**

Did your spouse and you make any written agreements 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 dates made, and attach a copy of the agreement.

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

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

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

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. _____

**I AM AWARE THAT ANY FALSE STATEMENT KNOWINGLY MADE BY ME
WITH THE INTENT TO DEFRAUD OR MISLEAD SHALL SUBJECT ME TO THE
PENALTY FOR PERJURY AND MAY BE CONSIDERED A FRAUD UPON THE
COURT.**

**I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND THAT THE
INFORMATION CONTAINED IN THIS FORM CONSTITUTES A COMPLETE AND
FULL DISCLOSURE OF MY FINANCIAL CONDITION.**

Signature of party signing affidavit

Printed name _____

Address _____

Telephone (area code and number)

Facsimile (area code and number)

STATE OF GEORGIA

COUNTY OF _____

Sworn to and subscribed before me

on this _____ day of _____, 20____.

NOTARY PUBLIC

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Petitioner,)
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CERTIFICATE OF SERVICE OF ANSWERS TO INTERROGATORIES

I CERTIFY THAT THE ANSWERS TO THESE INTERROGATORIES WERE:

(check one only) _____ mailed, _____ facsimiled and mailed, or _____ hand delivered to the person(s) listed below on the _____ day of _____, 20____.

Party or their attorney if represented:

Name _____

Address _____

Telephone No. _____

Facsimile No. _____

DATED: _____

*Signature of party or attorney, if party is
represented by counsel*

Printed Name _____

Address _____

Telephone (area code and number)

Facsimile (area code and number)