

IN THE THIRD CIRCUIT COURT FOR DAVIDSON COUNTY, TENNESSEE

JANE DOE,)	
Plaintiff,)	
)	
vs.)	Docket No: _____
)	
JOHN DOE,)	
Defendant.)	

PLAINTIFF’S FIRST SET OF INTERROGATORIES TO DEFENDANT

TO: JOHN DOE
c/o Attorney _____

Comes the **Plaintiff**, pursuant to Rule 33 of the Tennessee Rules of Civil Procedure, and submits the following written Interrogatories to the Defendant to be answered by him, in writing and under oath, within thirty (30) days of the date of the Certificate of Service attached hereto. Said Interrogatories are deemed to be continuing so as to require supplemental answers if further or different information is obtained between the time the answers are served and the time of trial.

INSTRUCTIONS AND DEFINITIONS

Answer each Interrogatory. No question is to be left blank. If the answer to an Interrogatory is “none” or “unknown”, that must be written as the answer. If the Interrogatory is inapplicable, “N/A” must be written in the answer.

Whenever a date, amount or other computation or figure is requested, the exact date, amount, computation or figure is to be given unless it is unknown. If the exact date, amount, computation or figure is unknown, please give your best estimate or approximation and note that your answer is an estimate or approximation.

If an Interrogatory, or a portion thereof, cannot be answered fully, please answer to the extent possible and state the specific reason(s) that a complete answer is not provided. If you

object to providing certain information under claim of privilege, please identify the information or documents with sufficient specificity so as to permit the Court to determine the applicability of your asserted objection.

“Documentation” refers to writing or recording of any kind, including, but not limited to, letters, memoranda, correspondence, drawings, guidelines, resolutions, photographs, microfilm, printouts, computer discs, electronic storage, pamphlets, notebooks, notes, forms and every other type of data compilation.

Whenever the word “identify” or “identity” is used in reference to a person, corporation or other entity, this means to state, if appropriate, his/her/its full name, current address and business affiliation.

“Identify”, when applied to documents, means to describe the contents and to state the title, date of composition, author, and, if different, the signer(s), the type of document (e.g., letter, memorandum, telegram, e-mail, etc.), a brief description of its contents, its location, and the name and address of the current custodian.

“You” includes anyone acting on your behalf. In answering these Interrogatories, you are to furnish all information available to you, not merely information that is of your own knowledge. You are under a duty to furnish information that is known by or in the possession of at least your employers, employees, physicians, attorneys, agents, investigators, and examiners employed by you or on your behalf.

Your responses to the following Interrogatories are to be delivered to the undersigned attorney within thirty (30) days after service of same.

1. Please state the following

- a. your full name;
- b. date of birth;
- c. social security number;
- d. driver's license number and State of issue;
- e. your current address; and
- f. the names and ages of all persons residing with you and your relationship thereto.

ANSWER:

2. Please provide your educational history, providing the following;

- a. year you graduated from high school (if you did not graduate, the last grade completed);
- b. name of all the school(s) attended post high school; and
- c. the type and date of degree or certificate was awarded (if applicable).

ANSWER:

3. Describe any health problems from which you currently suffer and provide the following:

- a. name of condition or illness with a description of the specific health problem;
- b. the name and address of your treating physician for said problem;
- c. the date you first sought treatment for said problem;
- d. any medications prescribed for said problem;
- e. describe how this condition affects your day to day activities; and
- f. your current prognosis.

ANSWER:

4. For all employment you have had since the date of the marriage or 3 years prior to the filing of the complaint whichever is shorter, please state for each employer:

- a. name and address;
- b. job title and description of the duties;
- c. dates of your employment;
- d. ending salary; and
- e. reason for termination and/or leaving.

ANSWER:

- 5. Please list and describe all fringe benefits to which you are entitled as a result of your employment including, but not limited to, bonuses, medical, dental, life and disability insurance, company care or auto allowance, travel and expenses allowance, pension or profit-sharing, tuition benefits and educational assistance programs, and employee stock option plans.**

ANSWER:

- 6. Do you, or have you, received any wages, commissions, tips, bonuses, interest, dividends, payment on promissory notes held by you, rental income, income from investments or consulting fees, disability, workers' compensation, gambling, lottery, or other monetary compensation that has not been reported to the IRS within the past two (2) complete calendar years? If yes, please state:**

- a.** the amount received;
- b.** date received;
- c.** source; and
- d.** reason for not reporting this income to the IRS.

ANSWER:

- 7. Please list all other income earned or gifted to you from all sources other than your employer identified in question number 4 above for the last three (3) completed tax years and year-to-date including the name and address of the person or entity providing the income or gift and the amount of income or gift.**

ANSWER:

- 8. For each and every business in which you own an interest or have owned an interest in the last three (3) years, however held, including closely-held corporations (excluding publicly-traded corporations), s-corporations, limited liability companies or sole proprietorships, please state:**

- a.** the name and address of the company;
- b.** a description of the business activities in which the company engages;
- c.** the percentage of the business owned by you;
- d.** number of shares of stock owned by you (if incorporated);
- e.** name, addresses and percentage of business owned by all other persons who have an interest in the business;
- f.** dates and amounts of all capital contributions made by you to the business; and
- g.** your opinion of the fair market value of your interest in the business as of the date of your answers to these interrogatories.

ANSWER:

9. For each and every checking account maintained by you in the two (2) years prior to the filing of this divorce complaint to present, on which you have or have had signatory privileges, in which you have made deposits or from which you have made withdrawals, whether business or personal, joint or individual, please state the following:

- a.** name(s) in which the account is maintained;
- b.** name and address of the financial institution where maintained;
- c.** account number; and
- d.** balance at the date of filing the complaint and present.

ANSWER:

10. For each and every savings account, investment account, annuity, certificate of deposit, money market certificate, treasury bill, mutual fund account, liquid asset account, or like monetary asset maintained by you either individually or jointly from two (2) years prior to filing of this divorce complaint to present, on which you now have or have had, drawing privileges since that date, or to which you have made deposits since that date, please state the following:

- a.** name(s) in which the account or certificate is maintained;
- b.** name and address of financial institution where maintained;
- c.** account or certificate number;
- d.** balance of the date of filing and present balance; and
- e.** maturity date and value at maturity (if applicable).

ANSWER:

11. For each and every policy of insurance on your life presently in effect and on the date of filing the divorce, please state the following:

- a.** name and address of insurance company;
- b.** policy number;
- c.** name of owner of policy;
- d.** face amount or death benefit;
- e.** present cash surrender value of policy (if any);
- f.** name(s) of beneficiaries;
- g.** amount of premium and interval at which premium is paid; and
- h.** name and address of person or entity which pays premium.

ANSWER:

12. For each and every motor vehicle owned by you either individually or jointly, or in which you have an interest, including but not limited to automobiles (including motors and trailers), trucks, motorcycles, ATVs, boats and airplanes, please state the following:

- a.** type, year, make and model;
- b.** vehicle identification number (VIN) or serial number and mileage (if applicable);
- c.** date acquired;
- d.** name(s) in which titled;
- e.** total amount of any outstanding debt;
- f.** name and address of creditor;
- g.** amount of monthly payment; and
- h.** fair market value of vehicle.

ANSWER:

13. For each and every individual retirement account of any kind maintained by you, please state the following:

- a.** name and address of financial institution where maintained;
- b.** date opened;
- c.** value as of the date of this marriage;
- d.** account number; and
- e.** present balance and balance of the date of filing.

ANSWER:

14. For each and every pension, 401(k) plan, thrift savings plan, profit-sharing, and/or company retirement plan in which you participate or have participated since your marriage, please state the following:

- a.** name of the plan;
- b.** your account number (if applicable);
- c.** value as of the date of this marriage;
- d.** names of all persons you have designated as beneficiaries under the plan;
- e.** a description of your current accrued benefits or current value of the plan; and
- f.** date account or plan closed (if applicable).

ANSWER:

15. Please itemize your monthly living expenses by category such as mortgage(s), notes on motor vehicles, electricity, water, telephone, food, clothing, laundry and cleaning, gasoline, recreation and entertainment, club membership, medical and dental care, insurance, bank notes, etc., stating for each category the amount you spend monthly in that category. (An income expense form is attached hereto for your convenience, which may be filed out and returned with your response.

ANSWER:

16. If the amounts listed above include the support of any person other than yourself, state the name(s), age(s), relationship to you, and the amount you attribute to each other person whose support is included in the itemization.

ANSWER:

17. Please list each and every asset with a value greater than \$1,000 in which you had an interest including real estate which has been sold, conveyed, transferred, given as a gift or otherwise disposed of by you within two (2) years from the filing of the divorce complaint in this cause, showing for each such asset:

- a.** a description of the asset (including dollar amount of any funds transferred);
- b.** date transferred;
- c.** name(s) and address(es) of person(s) to whom transferred;
- d.** consideration received by you for transfer; and
- e.** reason for transfer.

ANSWER:

18. Please state the name, business address and telephone number of your accountant and any other person who has handled any of your financial affairs since your marriage.

ANSWER:

19. Please list all real estate in which you claim an interest as of the date of the filing of this divorce action, whether titled in your name individually or jointly or in the name of another or business entity, providing the following information:

- a.** address of the property;
- b.** name of the party or entity in which the property is titled;
- c.** property use (commercial, residential, etc...);
- d.** date of purchase;
- e.** the purchase price of said property;
- f.** fair market value as of the date of this marriage (if applicable);
- g.** amount of periodic payment (monthly, quarterly, bi-annually or annually);
- h.** the current debt or obligation owed on said property; and
- i.** your opinion of the current fair market value of the property.

ANSWER:

20. Please list all property which you claim to be your separate property, whether now in the possession of you or your spouse including the circumstances under which the property was acquired, its current location, and its current value. For the purposes of these interrogatories, separate property is defined as property which you brought into the marriage (or was purchased with funds brought into the marriage) and which remains in your or your spouse's possession, property which you received by inheritance during the course of your marriage, or any property which you received as a gift during the course of the marriage.

ANSWER:

21. Using the definition of separate property above, please list all property which you believe to be the separate property of your spouse, whether in your possession or the possession of your spouse at the present time, the circumstances under which the property was acquired and the current location of the property.

ANSWER:

22. Please list by category all property which you believe to be marital property. For the purposes of these interrogatories, marital property is defined as any money, property, investment, or asset accumulated by you or your spouse during the marriage with money earned by either of you during the marriage in which you claim an interest.

ANSWER:

23. Please list all debts, obligations, credit cards or other indebtedness presently in your name individually or jointly with any other person, providing the following for each:

- a.** name of the creditor;
- b.** the purposes of said loan or debt;
- c.** type of loan (credit card, automobile loan, etc...);
- d.** account or loan number;
- e.** amount of periodic payment owed on said debt;
- f.** date debt incurred; and
- g.** current balance of debt.

ANSWER:

24. Please list all assets belonging to you or in which you claim an interest over the value of \$500.00 not previously provided in these interrogatories.

ANSWER:

25. State with specificity any and all reasons why you believe your spouse should not be designated primary residential parent of your minor child(ren), including the following:

- a.** a complete description of any act or incident which you believe evidences that your spouse is unfit to be the primary resident parent of the minor child(ren);
- b.** date of said act or incident; and
- c.** the name(s), address(es), and telephone number(s) of any person that abused such incident or act or have personal knowledge of same and a brief description of that knowledge.

ANSWER:

26. Have you engaged in sexual intercourse or intimate sexual contact with any person other than your spouse during your marriage? (For the purpose of these interrogatories, intimate sexual contact is defined as oral genital contact, or the touching, sensual kissing or fondling of the genitals of another.) If the answer is in the affirmative, please provide the following:

- a.** the name(s), address(es), and telephone number(s) of each person with whom you have had such intercourse or sexual contact;
- b.** the place and date of your first encounter;
- c.** the place and date of your most recent encounter;
- d.** detailed description of any trips taken with each such individual with cost of the trip; and
- e.** all gifts given to this individual and costs of same.

ANSWER:

27. Please state each act or incident which you have committed and which you feel contributed to the breakdown of the marriage.

ANSWER:

28. Please state each and every incident, act or allegation on which you intend to rely as grounds for divorce in this cause or as an affirmative defense to your own actions, stating for each such incident, act or allegation the following:

- a.** a brief description of same;
- b.** the date and place of the occurrence; and
- c.** the name(s), address(es) and telephone number(s) of any persons who observed any such incident or act.

ANSWER:

29. Please state the full name, address and telephone number of any expert witness you intend to call at the trial of this cause stating the following:

- a.** the subject matter upon which the expert is expected to testify;
- b.** the substance of the facts and opinions to which the expert is expected to testify;
- c.** compensation for study and testimony; and
- d.** a summary of the grounds for each opinion all pursuant to Rule 26 of the Tennessee Rules of Civil Procedure.

ANSWER:

30. Have you or anyone on your behalf, whether by hire, gratuitously on their own volition, or at your request, followed, investigated, or otherwise placed your spouse under surveillance? If the answer is in the affirmative, please state the following:

- a.** name, address and telephone number of each person who took part in such surveillance;
- b.** the date(s) of such surveillance; and
- c.** the substance of any report given to you, whether written or oral.

ANSWER:

31. Please provide the name, address and telephone number of your current major medical and hospitalization insurance provider. If the insurance provider for your spouse and/or child(ren) is different from the above, please provide the name, address and telephone number of that provider also. Include the amount of the monthly premium, whether COBRA health insurance is available to your spouse and the monthly COBRA premium. Also provide the cost of the monthly premium to insure your child(ren) only, after the divorce action.

ANSWER:

32. Please state whether or not you have ever been arrested for any criminal offense during this marriage. If the answer is in the affirmative, please provide the following:

- a. date of the charge;
- b. the county and state in which the offense occurred;
- c. the original charge; and
- d. date of disposition and the disposition of said charge.

ANSWER:

33. Please state whether or not you have ever used any illegal drugs during the marriage including marijuana, cocaine, narcotics or prescription drugs not prescribed to you. If the answer is in the affirmative, please list the following:

- a. all such drugs or narcotics which you have used;
- b. the date you began using such drugs or narcotics;
- c. the date you last used each such drug or narcotic; and
- d. what you paid to purchase such drugs.

ANSWER:

34. Please state whether or not you have ever been treated for alcohol or drug abuse during this marriage. If the answer is in the affirmative, please provide the following:

- a.** name of the treating doctor or facility;
- b.** the substance abused by you;
- c.** the date(s) of your treatment; and
- d.** whether the treatment was in-patient or out-patient.

ANSWER:

35. Please state whether you have ever been under the care of a psychologist or psychiatrist during the marriage. If the answer is in the affirmative, please list the following:

- a.** name and address of the psychologist or psychiatrist;
- b.** the date you first saw said psychologist or psychiatrist;
- c.** the date you last saw said psychologist or psychiatrist; and
- d.** any drugs or medications which have been prescribed to you in the course of treatment.

ANSWER:

36. Are you currently prescribed prescription medication? If the answer is in the affirmative, please list the following:

- a. each and every medication currently prescribed to you;
- b. the name and address of the prescribing doctor;
- c. the reason said medication is prescribed to you; and
- d. the frequency or rate at which you take said medication.

ANSWER:

37. Do you have or have you had in the last twelve (12) months prior to the filing of the divorce a safety deposit box? If the answer is in the affirmative, provide the following information:

- a. name and address of financial institution where box is or was maintained;
- b. the number of the box;
- c. content at date of filing and the current contents of the box (if applicable); and
- d. the date of your last entry into said box.

ANSWER:

38. Please list all mobile or cellular telephone numbers which have been assigned to you and the service provider or such numbers on any mobile or cellular phones provided to you by an employer or person or entity for your use from the date of this marriage or two (2) years prior to the filing of this divorce action, whichever is shorter, to present.

ANSWER:

39. What is your proposed custody/parenting time arrangement for the children?

Provide either a description of same or a proposed Permanent Parenting Plan.

ANSWER:

**INTERROGATORIES SHALL BE SUPPLEMENTED
AT LEAST 45 DAYS PRIOR TO TRIAL.**

Respectfully submitted,

_____, **BPR#** _____

Address

Telephone Number

CERTIFICATE OF SERVICE

I hereby certify that the foregoing has been furnished, via email and U.S. Mail, to the following person, this the _____ day of _____, 20____:

RETURN CERTIFICATE OF SERVICE

I hereby certify that the foregoing was _____ to _____, attorney for _____, at _____, Tennessee, this _____ day of _____, 20_____.

STATE OF TENNESSEE
COUNTY OF _____

OATH

_____, being first duly sworn upon oath, deposes and says that s/he has read the foregoing Responses to Interrogatories and knows the contents thereof; that said Responses were prepared with the assistance and advice of counsel; that the Responses set forth herein, subject to inadvertent or undiscovered errors, are based on, and therefore necessarily limited by, the records and information still in existence, presently recollected and thus far discovered in the course of the preparation of these Responses; that s/he reserves the right to make any changes in the Responses if it appears at any time that omissions or errors have been made therein or that more accurate information is available; and that, subject to the limitations set forth herein, the said Responses are true to the best of her/his knowledge, information and belief.

Sworn to and subscribed before me, this
the _____ of _____, 20_____.

Notary Public

My Commission Expires: _____