

VIRGINIA:

**IN THE JUVENILE AND DOMESTIC RELATIONS DISTRICT COURT
FOR THE COUNTY OF LOUDOUN**

| | | |
|-------------------|---|--------------------------|
| _____ | § | |
| Petitioner | § | |
| v. | § | Case No. JA _____ |
| _____ | § | |
| Respondent | § | |

CHILD SUPPORT 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.

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. These requests are taken from the Model Discovery approved by the judges of the Loudoun County Juvenile and Domestic Relations District Court. As such, no objections as to the form of Model Discovery will ordinarily be sustained by the judges of the Loudoun County Juvenile and Domestic Relations District Court.

G. If no time frame is specified for any specific Interrogatory, provide information according to the following:

a. Initial Petition: Provide all information since the child’s birth.

b. Modification: provide all information from the date of the last child support order entered to the present.

H. Failure to respond to these requests may result in the dismissal of your Petition or Modification request.

I. Failure to provide complete and detailed responses to any request may result in evidence being excluded from admission at any hearing in this matter, regardless of relevance.

INTERROGATORIES

1. Provide the following information as to all checking, savings, credit union accounts, and money transfer apps (including but not limited to bitcoin, paypay, venmo, cashapp) held in your name, individually or jointly with any other person, at any time during the past two (2) years

| <u>Name of Institution</u> | <u>Type of Account</u> | <u>Account No.</u> | <u>How Titled</u> | <u>Present Balance</u> |
|----------------------------|------------------------|--------------------|-------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2. 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:

| <u>Name of Account</u> | <u>Name of owner(s)</u> | <u>Present Value</u> |
|------------------------|-------------------------|----------------------|
| | | |
| | | |

3. 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. 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. Give the following information regarding each employment position you have held in the past two (2) years employment (please answer separately regarding each job held):

- a. Employer's name and address:
- b. Position or title:
- c. Dates of employment:
- d. Salary history for past two (2) years (i.e., annual salary, hourly wage):
- e. Present work schedule (including the average number of hours worked each week, plus the average time you leave for work each day and average time you return home from work each day during the week):
- f. The amount of any 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 or allowance, 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:
- j. If you are no longer employed with the employer, state the reason for separation from or termination of employment.

ANSWER:

6. 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:
 - i. Name and address of prospective employer:
 - ii. Persons you contacted there:
 - iii. Dates of contacts:
 - iv. Salary/income advertised, sought or offered (indicate which):
 - v. Mode of application (e.g., letter, phone, E-mail):
 - vi. Present status of application:
 - vii. Dates of any interviews, in-person or via telephone
 - 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:

7. 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:

8. 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:
 - i. Self-only coverage:
 - ii. 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:

9. If you contend that the other party should have income imputed to him or her, state in detail what you allege to be the factors and circumstances that bring you to that conclusion, including specific facts, actions, dates of occurrence, the persons involved and the persons witnessing such facts.

ANSWER:

10. 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:
 - i. Amount paid: _____ Per: _____
 - ii. To whom paid:
 - iii. Specify agreement or court order requiring such payment:

ANSWER:

11. 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:
- f. If you anticipate any change to the child care provider and/or costs for said child care in the next year, state all such changes.

ANSWER:

12. 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:

13. If you claim that your health or the health of a child is relevant in your inability to work full time, provide the following:

- a. The name, address, and telephone numbers for all treating professionals for such condition that have been consulted within the past 5 years.
- b. A full description of the condition and how it prevents full time employment
- c. List all medications taken for such condition and the dosage information

ANSWER:

14. 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:

15. Do you intend to claim any deviations from the Virginia Guideline amount of child support? If so, please address each such factor and state what information you feel is important for the court to consider in awarding child support. The factors are derived from §20-108.1 of the Virginia Code.

- a. Actual monetary support for other family members or former family members;
- b. Arrangements regarding custody of the children, including the cost of visitation travel;
- c. Imputed income to a party who is voluntarily unemployed or voluntarily under-employed; provided that income may not be imputed to a custodial parent when a child is not in school, child care services are not available and the cost of such child care services are not included in the computation and provided further, that any consideration of imputed income based on a change in a party's employment shall be evaluated with consideration of the good faith and reasonableness of employment decisions made by the party, including to attend and complete an educational or vocational program likely to maintain or increase the party's earning potential;
- d. Any child care costs incurred on behalf of the child or children due to the attendance of a custodial parent in an educational or vocational program likely to maintain or increase the party's earning potential;
- e. Debts of either party arising during the marriage for the benefit of the child;
- f. Direct payments ordered by the court for maintaining life insurance coverage pursuant to subsection D, education expenses, or other court-ordered direct payments for the benefit of the child;
- g. Extraordinary capital gains such as capital gains resulting from the sale of the marital abode;
- h. Any special needs of a child resulting from any physical, emotional, or medical condition;
- i. Independent financial resources of the child or children;

- j. Standard of living for the child or children established during the marriage;
- k. Earning capacity, obligations, financial resources, and special needs of each parent;
- l. Provisions made with regard to the marital property under § 20-107.3, where said property earns income or has an income-earning potential;
- m. Tax consequences to the parties including claims for exemptions, child tax credit, and child care credit for dependent children;
- n. A written agreement, stipulation, consent order, or decree between the parties which includes the amount of child support; and
- o. Such other factors as are necessary to consider the equities for the parents and children.

ANSWER:

16. Do you receive any public benefits from state or federal agencies? If so, please describe the benefit received for yourself and the child, including the following:

- a. Name of recipient
- b. Amount of payment or value of benefit
- c. Frequency the benefit is received (monthly, weekly, bi-weekly)

ANSWER:

17. Identify fully all sources of income (taxable and nontaxable) [other than those already referred to above] received at any time in the last two years including, but not limited to, gifts in excess of \$200, royalties, dividends, rent, pension, social security, disability, interest, trusts, investments and the like. Include in your response the source of the income, the frequency and amount of payments, the date payments commenced and terminated, if appropriate, and the total amount of payments received.

ANSWER:

18. State your monthly income and expenses in detail, using the attached income and expense statement.

ANSWER:

19. State the name, address, profession and educational and employment background of any expert you will or may call to testify in this case as to any matter presently or hereafter at issue in these proceedings, and set forth the subject matter on which the expert is expected to testify, the substance of facts and opinions to which s/he is expected to testify, and a summary of the grounds for each opinion.

ANSWER:

20. Identify each person who has knowledge of the facts and events in the pleadings or in any answers to these Interrogatories or who may testify at any proceeding in this matter, including the following information:

- a. Name
- b. Address
- c. Telephone
- d. Email address
- e. Topic of anticipated testimony
- f. Identify whether the person is expected to testify
- g. Identify any documents in the person's custody or control relevant to any issue in this matter

ANSWER:

MODIFICATION CASES ONLY

21. State each and every material change in circumstances and/or condition which you allege supports a modification of child support. Provide any and all facts and information including the dates, locations and witnesses for all incidents you allege support your position.

ANSWER:

Issued by: _____
Printed Name

Signature

Address: _____

Email: _____

Telephone: _____

Facsimile: _____

Virginia Bar
Number (If
Applicable) _____

To be completed by the answering party]

Signature

Printed Name

COMMONWEALTH OF VIRGINIA :
COUNTY OF _____ :

I, _____, being first duly sworn, state that I have read the foregoing Answers to Interrogatories, and I know the content thereof, and that the same are true of my own knowledge, except to matters stated therein to be alleged upon information, and as to those matters I believe them to be true.

SUBSCRIBED AND SWORN to me this _____ day of _____,
20____.

Notary Public
My Commission Expires:

Monthly Income and Expenses of _____

Date: _____

Complaint #. _____

| | |
|--------------|-------|
| Employed By | _____ |
| City & State | _____ |
| Occupation | _____ |
| Pay Period | _____ |
| Next Payday | _____ |
| Salary/Wage | _____ |
| # Exemptions | _____ |

| Children in Household | |
|-----------------------|-----|
| Name | Age |
| | |
| | |
| | |
| | |

| | |
|------------------------------------|-------|
| Average Gross Pay per Month | _____ |
| LESS: Federal Taxes | _____ |
| State Taxes | _____ |
| FICA | _____ |
| Health Insurance | _____ |
| Life Insurance | _____ |
| Required Retirement | _____ |
| Average Monthly Net Pay | _____ |
| Other Income | _____ |
| MONTHLY NET INCOME | _____ |

Household

| | |
|----------------------------|-------|
| Mortgage (PITI) or Rent | _____ |
| Real Estate Property Taxes | _____ |
| Homeowner's Insurance | _____ |
| Repairs/Maintenance | _____ |
| Furniture/Furnishings | _____ |

Utilities

| | |
|-----------------|-------|
| Electricity | _____ |
| Gas/Heating Oil | _____ |
| Water/Sewer | _____ |
| Telephone | _____ |
| Trash | _____ |
| Cable TV | _____ |

Food

| | |
|-----------|-------|
| Groceries | _____ |
| Lunches | _____ |

Automobile

| | |
|------------------------------|-------|
| Payment/Depreciation | _____ |
| Gasoline | _____ |
| Repair/Tags/Inspection, etc. | _____ |
| Auto Insurance | _____ |
| Parking/Other Transportation | _____ |
| Personal Property Tax | _____ |

Childcare Expenses

| | |
|-----------------|-------|
| Child Care | _____ |
| School Tuition | _____ |
| Lunch Money | _____ |
| School Supplies | _____ |
| Lessons/Sports | _____ |
| New Clothing | _____ |

Fixed Debts with Payments

| | Balance | Mo. Pmt. |
|-------|---------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Charge Account Debt

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Clothing

| | |
|--------------------------|-------|
| New (Excluding Children) | _____ |
| Cleaning/Laundry | _____ |
| Uniforms | _____ |

Health Expenses

| | |
|------------|-------|
| Doctor | _____ |
| Dentist | _____ |
| Therapist | _____ |
| Eyeglasses | _____ |
| Hospital | _____ |
| Medicines | _____ |
| Other | _____ |

Dues

| | |
|---------------------------|-------|
| Professional Associations | _____ |
| Social Associations | _____ |
| Homeowner's Association | _____ |

Miscellaneous

| | |
|------------------------|-------|
| Gifts (Xmas, Birthday) | _____ |
| Church/Charity | _____ |
| Entertainment | _____ |
| Vacations | _____ |
| Hobbies | _____ |
| Personal Grooming | _____ |
| Newspaper/Magazines | _____ |
| Disability Insurance | _____ |
| Life Insurance | _____ |
| Legal Expenses | _____ |

Totals Per Month

| | |
|-------------------------|-------|
| Subtotal Expenses | _____ |
| Subtotal Debt Payments | _____ |
| TOTAL EXPENSES | _____ |
| TOTAL NET INCOME | _____ |
| BALANCE (+) | _____ |
| BALANCE (-) | _____ |

Liquid Assets on Hand

| | |
|----------------------------|-------|
| Cash/Checking/Savings | _____ |
| Other Liquid Assets | _____ |
| TOTAL LIQUID ASSETS | _____ |

Submitted By: _____