
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

_____,
Petitioner,

vs.

_____,
Respondent.

Case No. _____

UNIFORM FAMILY LAW
INTERROGATORIES –
CUSTODY MODIFICATION

PLEASE TAKE NOTICE that you are hereby required to answer the following Interrogatories, under oath, within thirty (30) days from the service hereof, and that your answers must be in conformance with all provisions of Rule 405 of the Rules of Family Law Procedure.

PRELIMINARY STATEMENT

A. When answering these Interrogatories, you are requested to furnish all information available to you, including information in the possession of your attorneys, investigators, experts, employees, agents, representatives, guardians, or any other person or persons acting on your behalf, not merely such information as is known by you on personal knowledge.

B. If you cannot answer any of the following Interrogatories in full, after exercising due diligence to secure the information to do so, so state, and answer to the extent possible, specifying your inability to answer the remainder, and stating whatever information and knowledge you have concerning the unanswered portion.

C. If after responding to these interrogatories, you acquire any information responsive thereto, you are required to serve supplemental responses containing such information pursuant to Rule 405 of the Rules of Family Law Procedure.

BACKGROUND AND PERSONAL HISTORY

1. NAME AND CONTACT INFORMATION.

State your full name, current residence, telephone number, last three digits of your social security number, and date of birth; any names by which you have been known in the past; and, for any other person residing in your household, the full name, current residence, telephone number, social security number, date of birth, and any names by which that person has been known in the past.

ANSWER:

Full Name (First, Middle, Last): _____

All Other Names You Have Used: _____

Residential Address: _____

Telephone Number: _____

Last 3 Digits of Social Security Number: _____

For Each Other Person in Your Household:

Full Name (First, Middle, Last): _____

All Other Names They Have Used: _____

Residential Address: _____

Telephone Number: _____

Last 3 Digits of Social Security Number: _____

2. EDUCATION AND TRAINING

Please provide the extent of your education, course of study, degrees obtained, and date obtained.

ANSWER:

Highest Degree Achieved: _____

Date Achieved: _____

All Other Professional and/or Technical Degrees/Certifications: _____

Date Each Was Achieved: _____

Primary Course of Study: _____

3. EMPLOYMENT

State the name and address of each employer you have had during the last 3 years and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.

ANSWER:

Name of Employer: _____
Address of Employment: _____
Job Title: _____
Rate of Pay: _____
Bonus Structure: _____
Number of Hours Worked Per Week (on average): _____
How Many Hours Overtime per month (on average): _____
Rate of Overtime Pay: _____
Date of Employment: _____
Date of Termination: _____
Reason for Termination of Employment: _____

For Self-Employment:

Name of Business: _____
Address of Employment: _____
Type of Work Performed: _____
Annual Income (Gross Receipts): _____
Annual Profits (Net Income) _____
Date of Start of Self-Employment: _____
Date of End of Self-Employment: _____
Reason for End of Self-Employment: _____

5. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER: _____

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: _____
Cost to Insure Employee: _____
Cost to Insure Spouse: _____
Cost to Insure Employee + Child: _____
Cost to Insure Employee + Family: _____
Deductible for Individual: _____
Deductible for Family: _____
Co-Pay: _____

6. EMPLOYMENT BENEFITS

In the past calendar year have you received, or do you expect to receive in the next twelve months any employment related benefits?

ANSWER: _____ (If Yes give details of the benefit)

Vehicle: _____

Vehicle Allowance: _____

Stock Options: _____

Pension: _____

Profit-sharing: _____

Vacation Pay: _____

Expense Account: _____

Expense Reimbursements: _____

Other Benefit Not Listed: _____

7. LEGAL CUSTODY

Who should make the following decisions regarding our child on the following topics?

ANSWER:

Physical/medical matters: _____

Psychological/psychiatric matters: _____

Legal matters: _____

Religious matters: _____

Educational matters: _____

Activities and/or sports: _____

8. SPECIAL NEEDS (only include if you have a child with special needs)

What do you think our child's special needs include?

ANSWER:

Nature of Special Needs: _____

Diagnoses: _____

Limitations on Life Activities: _____

Out-of-Pocket Expense for caregiving (average month): _____

Out-of-Pocket Expense for Therapies (average month): _____

Other Out-of-Pocket Expenses (average month): _____

9. PARENTING SKILLS

What concerns do you have about my parenting?

ANSWER: _____

10. What facts do you have that support your concerns about my parenting?

ANSWER: _____

11. CHILD PROTECTIVE SERVICES

Has any person in your household (including you) ever been investigated by any agency in any state for any reason related to abuse or neglect of children?

ANSWER: _____

If yes, please provide the following information.
If there was more than one investigation, provide the same information for each investigation.

ANSWER:

Name of Household Member: _____
The State Where Investigation Happened: _____
Agency Investigating (all): _____
Date of Investigation: _____
Reason for Investigation: _____
Outcome of Investigation: _____
Findings from Investigation: _____

12. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for our child/ren?

ANSWER: _____

If yes, please provide the following information:

Mental Limitation: _____
Diagnoses: _____
Adaptive Equipment: _____
Supportive Services: _____

Physical Limitation: _____
Diagnoses: _____
Adaptive Equipment: _____
Supportive Services: _____

13. DRIVING HISTORY

Has your driver license ever been revoked or suspended?

ANSWER: _____

If yes, please provide the following information:

Was it suspended or revoked? _____

Where (State): _____

What Was the Date of Suspension/Revocation? _____

How Long Was Suspension/Revocation? _____

14. DRIVING HISTORY

Have you had any moving violations in the last three years?

ANSWER: _____

If yes, please provide the following information:

What was the charge? _____

Where (County, State): _____

Date(s)? _____

15. EMPLOYMENT HISTORY

Have you ever been disciplined at work?

ANSWER: _____

If yes, please provide the following information:

If there has been more than one discipline, provide the same information for every instance.

Name of Employer: _____

Date of Discipline: _____

Nature of Violation: _____

Discipline Imposed: _____

16. CRIMINAL HISTORY

Has anyone in your household (including you) ever been criminally investigated or arrested?

ANSWER: _____

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: _____
The State Where Investigation/Arrest Happened: _____
Agency Investigating/Arresting (all): _____
Date of Investigation/Arrest: _____
Reason for Investigation/Arrest: _____
Outcome of Investigation/Arrest: _____
Charges Issued: _____
Charges with Guilty Pleas: _____
Charges Dismissed: _____
Convictions by Court: _____

17. DOMESTIC VIOLENCE

Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

ANSWER: _____

If yes, please provide the following information:
If there has been more than one, provide the same information for every instance.

Name of Household Member: _____
The State Where Investigation/Arrest Happened: _____
Agency Investigating/Arresting (all): _____
Date of Investigation/Arrest: _____
Reason for Investigation/Arrest: _____
Outcome of Investigation/Arrest: _____
Charges Issued: _____
Charges with Guilty Pleas: _____
Charges Dismissed: _____
Convictions by Court: _____
Civil Protection Orders Issued: _____
Civil Protection Orders Denied: _____

18. WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER: _____

List the name, address, and telephone number of all witnesses.

ANSWER: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

Typed/printed

Signature

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

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IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

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Petitioner,

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UNIFORM FAMILY LAW
INTERROGATORIES –
DIVORCE WITHOUT CHILDREN

PLEASE TAKE NOTICE that you are hereby required to answer the following Interrogatories, under oath, within thirty (30) days from the service hereof, and that your answers must be in conformance with all provisions of Rule 405 of the Rules of Family Law Procedure.

PRELIMINARY STATEMENT

A. When answering these Interrogatories, you are requested to furnish all information available to you, including information in the possession of your attorneys, investigators, experts, employees, agents, representatives, guardians, or any other person or persons acting on your behalf, not merely such information as is known by you on personal knowledge.

B. If you cannot answer any of the following Interrogatories in full, after exercising due diligence to secure the information to do so, so state, and answer to the extent possible, specifying your inability to answer the remainder, and stating whatever information and knowledge you have concerning the unanswered portion.

C. If after responding to these interrogatories, you acquire any information responsive thereto, you are required to serve supplemental responses containing such information pursuant to Rule 405 of the Rules of Family Law Procedure.

BACKGROUND AND PERSONAL HISTORY

1. NAME AND CONTACT INFORMATION.

State your full name, current residence, telephone number, last three digits of your social security number, and date of birth; any names by which you have been known in the past; and, for any other person residing in your household, the full name, current residence, telephone number, social security number, date of birth, and any names by which that person has been known in the past.

ANSWER:

Full Name (First, Middle, Last): _____

All Other Names You Have Used: _____

Residential Address: _____

Telephone Number: _____

Last 3 Digits of Social Security Number: _____

For Each Other Person in Your Household:

Full Name (First, Middle, Last): _____

All Other Names They Have Used: _____

Residential Address: _____

Telephone Number: _____

Last 3 Digits of Social Security Number: _____

2. EDUCATION AND TRAINING

Please provide the extent of your education, course of study, degrees obtained, and date obtained.

ANSWER:

Highest Degree Achieved: _____

Date Achieved: _____

All Other Professional and/or Technical Degrees/Certifications: _____

Date Each Was Achieved: _____

Primary Course of Study: _____

3. EMPLOYMENT

State the name and address of each employer you have had during the last 3 years and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.

ANSWER:

Name of Employer: _____
Address of Employment: _____
Job Title: _____
Rate of Pay: _____
Bonus Structure: _____
Number of Hours Worked Per Week (on average): _____
How Many Hours Overtime per month (on average): _____
Rate of Overtime Pay: _____
Date of Employment: _____
Date of Termination: _____
Reason for Termination of Employment: _____

For Self-Employment:

Name of Business: _____
Address of Employment: _____
Type of Work Performed: _____
Annual Income (Gross Receipts): _____
Annual Profits (Net Income) _____
Date of Start of Self-Employment: _____
Date of End of Self-Employment: _____
Reason for End of Self-Employment: _____

5. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER: _____

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: _____
Cost to Insure Employee: _____
Cost to Insure Spouse: _____
Cost to Insure Employee + Child: _____
Cost to Insure Employee + Family: _____
Deductible for Individual: _____
Deductible for Family: _____
Co-Pay: _____

6. EMPLOYMENT BENEFITS

In the past calendar year have you received, or do you expect to receive in the next twelve months any employment related benefits?

ANSWER: _____ If Yes give details of the benefit:

Vehicle: _____

Vehicle Allowance: _____

Stock Options: _____

Pension: _____

Profit-sharing: _____

Vacation Pay: _____

Expense Account: _____

Expense Reimbursements: _____

Other Benefit Not Listed: _____

7. EMPLOYMENT HISTORY

Have you ever been disciplined at work?

ANSWER: _____

If yes, please provide the following information:

If there has been more than one discipline, provide the same information for every instance.

Name of Employer: _____

Date of Discipline: _____

Nature of Violation: _____

Discipline Imposed: _____

8. CRIMINAL HISTORY

Has anyone in your household (including you) ever been criminally investigated or arrested?

ANSWER: _____

If yes, please provide the following information:

If there has been more than one, provide the same information for every instance.

Name of Household Member: _____

The State Where Investigation/Arrest Happened: _____

Agency Investigating/Arresting (all): _____

Date of Investigation/Arrest: _____

Reason for Investigation/Arrest: _____
Outcome of Investigation/Arrest: _____
Charges Issued: _____
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9. DOMESTIC VIOLENCE

Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

ANSWER: _____

If yes, please provide the following information:
If there has been more than one, provide the same information for every instance.

Name of Household Member: _____
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Civil Protection Orders Issued: _____
Civil Protection Orders Denied: _____

10. LAWSUITS

During the last 3 years have either you or your spouse suffered an injury for which you believe you may receive compensation, or have you been a party to any lawsuit?

ANSWER: _____

If yes, give details below.

ANSWER:

The State Where Lawsuit Happened: _____
Case Number of Lawsuit: _____
Amount of Compensation Requested: _____
Amount of Compensation Received: _____

Outcome of Lawsuit: _____

11. ATTORNEY FEES

State the terms and conditions of the employment of your attorney in this case, including the hourly rate or other basis for fees.

ANSWER:

Rate: _____

Other Conditions/Terms: _____

12. . WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER: _____

List the name, address, and telephone number of all witnesses.

ANSWER: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

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ANSWER:

Full Name (First, Middle, Last): _____

All Other Names You Have Used: _____

Residential Address: _____

Telephone Number: _____

Last 3 Digits of Social Security Number: _____

For Each Other Person in Your Household:

Full Name (First, Middle, Last): _____

All Other Names They Have Used: _____

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Please provide the extent of your education, course of study, degrees obtained, and date obtained.

ANSWER:

Highest Degree Achieved: _____

Date Achieved: _____

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3. EMPLOYMENT

State the name and address of each employer you have had during the last 3 years and list your job title at each such employment. If you have been self-employed at any time during those 3 years, so state and give months and years.

ANSWER:

Name of Employer: _____
Address of Employment: _____
Job Title: _____
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Bonus Structure: _____
Number of Hours Worked Per Week (on average): _____
How Many Hours Overtime per month (on average): _____
Rate of Overtime Pay: _____
Date of Employment: _____
Date of Termination: _____
Reason for Termination of Employment: _____

For Self-Employment:

Name of Business: _____
Address of Employment: _____
Type of Work Performed: _____
Annual Income (Gross Receipts): _____
Annual Profits (Net Income) _____
Date of Start of Self-Employment: _____
Date of End of Self-Employment: _____
Reason for End of Self-Employment: _____

5. HEALTH INSURANCE

Do you have health insurance through your present employer?

ANSWER: _____

If the prior answer was yes, please fill-in the following information:

ANSWER:

Persons Covered by Health Plan: _____
Cost to Insure Employee: _____
Cost to Insure Spouse: _____
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9. LEGAL CUSTODY

Who should make the following decisions regarding our child on the following topics?

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Religious matters: _____

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What do you think our child's special needs include?

ANSWER:

Nature of Special Needs: _____

Diagnoses: _____

Limitations on Life Activities: _____

Out-of-Pocket Expense for caregiving (average month): _____

Out-of-Pocket Expense for Therapies (average month): _____

Other Out-of-Pocket Expenses (average month): _____

11. PARENTING SKILLS

What concerns do you have about my parenting?

ANSWER: _____

12. What facts do you have that support your concerns about my parenting?

ANSWER: _____

13. CHILD PROTECTIVE SERVICES

Has any person in your household (including you) ever been investigated by any agency in any state for any reason related to abuse or neglect of children?

ANSWER: _____

If yes, please provide the following information.
If there was more than one investigation, provide the same information for each investigation.

ANSWER:

Name of Household Member: _____
The State Where Investigation Happened: _____
Agency Investigating (all): _____
Date of Investigation: _____
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Outcome of Investigation: _____
Findings from Investigation: _____

14. PERSONAL LIMITATIONS

Do you have any mental or physical limitations that would affect your ability to care for our child/ren?

ANSWER: _____

If yes, please provide the following information:

Mental Limitation: _____
Diagnoses: _____
Adaptive Equipment: _____
Supportive Services: _____

Physical Limitation: _____
Diagnoses: _____
Adaptive Equipment: _____
Supportive Services: _____

15. DRIVING HISTORY

Has your driver license ever been revoked or suspended?

ANSWER: _____

If yes, please provide the following information:

Was it suspended or revoked? _____

Where (State): _____

What Was the Date of Suspension/Revocation? _____

How Long Was Suspension/Revocation? _____

16. DRIVING HISTORY

Have you had any moving violations in the last three years?

ANSWER: _____

If yes, please provide the following information:

What was the charge? _____

Where (County, State): _____

Date(s)? _____

17. EMPLOYMENT HISTORY

Have you ever been disciplined at work?

ANSWER: _____

If yes, please provide the following information:

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Name of Employer: _____

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Nature of Violation: _____

Discipline Imposed: _____

18. CRIMINAL HISTORY

Has anyone in your household (including you) ever been criminally investigated or arrested?

ANSWER: _____

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Agency Investigating/Arresting (all): _____
Date of Investigation/Arrest: _____
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Charges Issued: _____
Charges with Guilty Pleas: _____
Charges Dismissed: _____
Convictions by Court: _____

19. DOMESTIC VIOLENCE

Has anyone in your household (including you) ever been investigated, charged, or arrested for domestic violence?

ANSWER: _____

If yes, please provide the following information:
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Name of Household Member: _____
The State Where Investigation/Arrest Happened: _____
Agency Investigating/Arresting (all): _____
Date of Investigation/Arrest: _____
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Civil Protection Orders Issued: _____
Civil Protection Orders Denied: _____

20. LAWSUITS

During the last 3 years have either you or your spouse suffered an injury for which you believe you may receive compensation, or have you been a party to any lawsuit?

ANSWER: _____

If yes, give details below.

ANSWER:

The State Where Lawsuit Happened: _____

Case Number of Lawsuit: _____
Amount of Compensation Requested: _____
Amount of Compensation Received: _____
Outcome of Lawsuit: _____

21. ATTORNEY FEES

State the terms and conditions of the employment of your attorney in this case, including the hourly rate or other basis for fees.

ANSWER:

Rate: _____
Other Conditions/Terms: _____

22. . WITNESSES AND EXHIBITS

What do you intend to offer into evidence at the hearing/trial of this case?

ANSWER: _____

List the name, address, and telephone number of all witnesses.

ANSWER: _____

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: _____

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Signature