

resided with you during that time.

ANSWER:

3. As to each of your current employments (other than self-employment as a sole proprietor, partner or in a closely-held or professional corporation in which you have an ownership interest), state:

- a. The name, address and telephone number of all your current employers;
- b. Your occupation and job title;
- c. The name, business address and business telephone number of the company payroll records supervisor;
- d. The average number of hours you work per week;
- e. Whether the job is full-time or part-time;
- f. Your rate of pay or salary;
- g. How frequently you are paid;
- h. Your gross annual income from this employment for each of the last three full calendar years and this year to date;
- i. Your base gross earnings per pay period;
- j. The annual amount and rate of overtime, shift differential, bonuses, commissions or other income in addition to your base pay and how this is calculated;
- k. Date of hire with your present employer;.
- l. For each economic benefit in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership and free long distance telephone service, describe each benefit and state the annual value of the benefit to you.
- m. The date and amount of your last pay raise;
- n. Whether you expect or have been advised of any increase or decrease in income or benefits in the next 12 months and, if so, when and why;
- o. If you are reimbursed for any expenses, describe the type of items for which you are reimbursed and list the annual reimbursement by category of expenses for this year to date and for each of the two previous calendar years. If the expenses are reimbursed on a per diem

basis, identify the daily per diem rate and separately list the annual actual expenses incurred.

ANSWER:

4. Other than as provided in Interrogatory 3, for each person, firm or corporation by whom you were employed during the last three full calendar years and this year to date, state:

- a. The name, address and telephone number of the employer;
- b. Whether each such employment was full-time or part-time;
- c. The inclusive dates of your employment;
- d. Your job title;
- e. The gross annual income from each employer for each of the last three full calendar years;
- f. The gross income to date in this calendar year.

ANSWER:

5. If you were self-employed as a sole proprietor, partner, or shareholder in a closely-held or professional corporation any time during the last three full calendar years and this year to date, state:

- a. The name and address of each such business;
- b. The type of entity (sole proprietorship, corporation, partnership, limited partnership, Missouri LLC);
- c. If a partnership, state:
 - i. your share of the gross annual income (after business expenses) for each partnership for each of the last three full calendar years and this year to the date of your answers;
 - ii. the legal name of the partnership;
 - iii. the name, address and telephone number of each partner and each partner's percent of ownership of the partnership;
 - iv. the type of business conducted by the partnership;
 - v. the amount of your investment in the partnership;
 - vi. the date your interest in the partnership commenced;
 - vii. the present fair market value of your interest in the partnership;

- viii. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and the annual value of the benefit to you.
- d. If a corporation, state:
 - i. your share of the gross annual income (after business expenses) for each corporation for each of the last three full calendar years and this year to the date of your answers;
 - ii. the name and address of the corporation;
 - iii. the type of corporation (i.e. Sub S, LLC);
 - iv. the number of shares you own of the corporation;
 - v. your percent of ownership in the corporation;
 - vi. the date your interest in the corporation commenced;
 - vii. the state of incorporation and the date incorporated;
 - viii. the type of business conducted by the corporation;
 - ix. the amount of your investment in the corporation;
 - x. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and the annual value of the benefit to you;
 - xi. Your annual salary from the corporation;
 - xii. The annual amount of any loans by the corporation to you in each of the last three calendar years.
 - e. If a sole proprietorship, state:
 - i. your share of the gross annual income (after business expenses) for each business for each of the last three full calendar years and this year to the date of your answers;
 - ii. the name and address of the business;
 - iii. the type of business conducted;
 - iv. the amount of your investment in the business;
 - v. the date your interest in the business commenced;
 - vi. all economic benefits in addition to cash income you receive or have access to including health, life, dental, vision, legal and disability insurance, use of a company vehicle, club membership, expense account and free long distance telephone service. Describe each benefit and the annual value of the benefit to you.

ANSWER:

6. List the gross revenue you received in the previous full calendar year and this year to date from any source other than earnings and self-employment including, but not limited to: pension, dividend, interest, note, insurance payment, unemployment compensation, annuity and social security, stating the source of the payment and the annual amount of each type of income.

ANSWER:

7. If you are not employed full-time, state:
 - a. The date your last full-time employment ended;
 - b. The reasons for the termination of that employment;
 - c. The names of all employers to whom you have applied for work in the past six (6) months;
 - d. The dates of all interviews and employment applications in the past six (6) months;
 - e. If you have not sought employment in the past six (6) months, state the reason for not seeking employment.

ANSWER:

8. For each financial statement and loan application you prepared or had prepared on your behalf during the last three (3) years, state:
 - a. The name and address of each person or organization to whom you gave the statement;
 - b. The date of the financial statement;
 - c. The name of the person who prepared the statement.

ANSWER:

9. If you request maintenance, state why you believe you are entitled to maintenance.

ANSWER:

10. Do you claim marital misconduct relevant to Mo. Rev. Stat. Sections 452.330 and Mo. Rev. Stat. Section 452.335 (such as financial, sexual, emotional, etc.) on the part of your spouse?

ANSWER: Yes () No ()

11. If you or a child of this marriage has a current illness, chronic disability or physical or mental impairment, describe each in detail.

ANSWER:

12. As to each person you intend to call as an expert witness, state:

- a. The name, address, telephone and facsimile number of the expert;
- b. The general area or topic of expected testimony;
- c. The expert's per hour charge to attend a deposition.

ANSWER:

13. If you and/or the children are currently covered by a hospital, medical, dental and/or vision health benefit plan through employment, a union, or COBRA benefits, or you have an individual health benefit plan or are covered by a state sponsored health plan, state for each such plan:

- a. Name of entity through which the health benefit is available, (i.e. employer name, union name and local number, private insurer name, government policy name etc.);
- b. Name of the group plan or private insurance company;
- c. The type of health benefits available with each plan such as hospital, medical, dental, psychological and/or vision;
- d. The name of each person enrolled in the plan and all dependents enrolled under that person;
- e. The premium charged to you (if any) for coverage under the plan for yourself only;
- f. The premium charged to you (if any) for coverage for your dependents;
- g. The amount (if any) of the cost of dependent coverage paid for by your employer;
- h. The name of each currently covered dependent;
- i. The exact plan name of each plan;

- j. The name and address of the Plan Administrator of each plan.

ANSWER:

14. If you and/ or the children are not enrolled in any health benefit plan but you and/or your dependents are eligible to enroll in a plan, state:
- a. Name of entity through which the health benefit is available, (i.e. employer name, union name and local number, private insurer name, government policy name etc.);
 - b. Name of the group plan or private insurance company;
 - c. The type of health benefits available with each plan such as hospital, medical, dental, psychological and/or vision;
 - d. The name of each person who is eligible to be enrolled in the plan and all dependents eligible to be enrolled under that person;
 - e. The cost to you (if any) for coverage under the plan for yourself only;
 - f. The cost charged to you (if any) for coverage for your dependents;
 - g. The amount (if any) of the cost of dependent coverage paid for by your employer;
 - h. The exact name of each plan;
 - g. The name and address of the Plan Administrator of each plan.

ANSWER:

15. If you or your dependents are not currently eligible to be enrolled in any health benefit plan, state when and under what circumstances you could first become eligible to enroll yourself and/or your dependents.

ANSWER:

16. Does your employer offer a "cafeteria plan" whereby eligible employees can pay the premiums for insurance coverage and other medical expenses on a pre-tax basis? If so, describe how said plan works regarding health benefits.

ANSWER:

17. For each child state the annual average of gross monthly uninsured extraordinary medical expenses as defined in the Form 14 Guideline Instructions. (Uninsured expenses for a chronic condition in excess of \$100.00 for a single illness.)

ANSWER:

18. If you have a court or administrative ordered support obligation for a former spouse or a child not involved in this action, state:

- a. The full name of each such person;
- b. The monthly gross amount of that support;
- c. The person's date of birth;
- d. The termination date of that obligation;
- e. The person's relationship to you;
- f. The case number and identity of the issuing county or agency.

ANSWER:

19. State:

- a. The full name and date of birth of each of your minor natural or adopted children not involved in this action who reside primarily with you;
- b. The gross monthly amount of child support ordered to be paid to you for each such child;
- c. The case number and identification of the issuing court or agency.

ANSWER:

20. If you have employment-related childcare expense for a child, state:
- a. The name and address of the childcare provider;
 - b. The monthly cost of childcare (weekly cost times 4 1/3) during the school year;
 - c. The monthly cost of childcare (weekly cost times 4 1/3) during the summer, and the number of weeks of your child's summer vacation from school;
 - d. Whether the full cost must be paid when the child does not attend daycare (such as for vacations, days absent, etc);
 - e. The amounts of and reasons for any extra charges. (such as annual enrollment fee, late pickup charges, field trips, meals);
 - f. If childcare expense varies during the year, explain;
 - g. The amount of the annual childcare tax credit from your current childcare expense.
 - h. List the annual amount of all childcare payments or subsidies from your employer and explain how the subsidy is determined;
 - i. If you pay any of your childcare expenses with pre-tax dollars through your employment, (such as cafeteria plan, etc.) state the amount per month so paid;
 - j. How long you have paid childcare expenses for each child;
 - k. Explain any anticipated changes in childcare expense in the next 12 months giving the reason for the change and the monthly amount of change.

ANSWER:

21. For each child state the average gross monthly extraordinary expenses as defined in Form 14 Guidelines such as tutor, private school, camp, lessons, travel, athletic, social and cultural activities.

ANSWER:

22. State for each child involved in this action who attends non-public elementary or secondary school:
- a. The name and address of the school;
 - b. Annual tuition cost and due dates;

- c. Identify and state annual cost for each fee, (such as enrollment, books, activity);
- d. Annual uniform cost;
- e. Annual transportation cost;
- f. Description and amount of any other cost.

ANSWER:

23. For each child who attends or is expected to attend college or post-secondary school within the next 12 months, state:

- a. The name, address and telephone number of the college or school;
- b. The per semester (or the academic period) tuition cost;
- c. The per semester cost for each fee (such as laboratory, student activities, parking, and athletics, etc.);
- d. The per semester room and board cost, specifying separately each additional expense (such as telephone, air conditioner rental, etc.);
- e. The per semester books, supplies, and equipment costs;
- f. Estimated cost for transportation to and from the school, designating the number of trips per year, the method of transportation, and cost per trip;
- g. Expenses for outfitting the dormitory room or other living area;
- h. Costs of any insurance required by the institution;
- i. Costs of other monthly living expenses, identifying each expense;
- j. The amount, nature and source of loans applied for each semester;
- k. The amount, nature and source of any financial aid (scholarships, grants, others) awarded for each semester, and the terms of same;
- l. Any other expenses.

ANSWER:

SUPPLEMENTAL INSTRUCTIONS

For each of the following questions, answer separately for each interest you or a member of your household has in a retirement plan, pension plan, profit sharing plan, Keough, employee stock option plan, thrift plan, 401K plan, deferred compensation plan, employee savings plan, excess benefit plan, Individual Retirement Account, Simplified Employee Plan, supplemental executive retirement plan, top-hat plan, zero reimbursement account, golden parachute plan or silver seatbelt plan. The interrogatories are to be answered as of the date of your answers to these interrogatories.

24. State for each plan:
 - a. The correct name of the plan;
 - b. The type of plan (defined benefit, 401(k), IRA);
 - c. The name, address and telephone number of the Plan Administrator;
 - d. The name and address of the Plan records custodian;
 - e. The date you first began to participate in the plan;
 - f. Your total years of credited service in the plan;
 - g. The percent you are vested in the plan;
 - h. The present value of your vested interest;
 - i. The dates when contributions to the plan are posted;
 - j. The amount of contributions withheld but not yet posted;
 - k. The dates and amounts of any withdrawals you have made from the plan;
 - l. The dates and amounts of all outstanding loans you made against the plan and the current balance of and interest rate on each loan;
 - m. The amount currently available for loan withdrawal and the conditions of same;
 - n. The plan value in which you were vested as of the day before your marriage or the closest date at which the plan was valued prior to your marriage.

ANSWER:

25. If the plan involves the purchase of stock, state the total number of shares of each type of stock in the plan owned by you, the class of stock, the correct corporate name of the entity and the present value per share.

ANSWER:

26. If you have stock options, state;

- a. The stock name;
- b. The dates the options were granted;
- c. The number of vested options;
- d. The inclusive dates when you can exercise each option;
- e. The price at which each option is exercisable and the number of options at each price;
- f. The reason for which the options were granted.

ANSWER:

27. If you terminated employment or retired today, state:

- a. The earliest date you could begin receiving unreduced retirement benefits, the monthly amount of same and the length of time you would receive said payments;
- b. The earliest date you could begin receiving reduced benefits, how the reduction is calculated, the monthly amount of same and the length of time you would receive said payments;
- c. The normal retirement age and retirement date under the plan and the monthly amount you would receive if you began receiving payments on that date;
- d. The formula for calculating your retirement benefits pay;
- e. The types of payment options under the plan;

- f. Whether you could receive a lump sum payment, and, if so, the dates and amounts of same and whether said payments would reduce the monthly benefits and, if so, how the benefits would be affected;
- g. Whether the plan allows an election of a joint/survivor annuity form of payment and if so, how such election affects the monthly payment during your life (what per cent and by what amount will the benefits be reduced) and what per cent of benefits and what amount the survivor will receive on your death:
 - i. If you die while in pay status;
 - ii. if you die after having commenced receiving benefits.
- h. Whether the plan allows your spouse, as an alternate payee, to draw a share of the benefits as a straight-life annuity based on the life of the alternate payee;
- i. If the plan provides post-retirement cost of living increases, how are these determined and when are they paid;
- j. The names and address of the current survivor beneficiaries.

ANSWER:

- 28. If the plan provides an early retirement subsidy:
 - a. State with specificity the formula by which the subsidy is calculated;
 - b. State whether the subsidy be applied to an alternative payee's payments.

ANSWER:

- 29. If there are prior qualified domestic relations orders affecting your rights to plan benefits, describe in what manner the benefits are affected and provide the name, address and telephone number of the alternate payee under that order and the court and case number of the order relating to same.

ANSWER:

- 30. Is this plan insured by the Pension Benefit Guaranty Corporation? If not, provide the name and address of the insuring entity, if any.

ANSWER:

- 31. Answer the items in the attached Statement of Marital and Non-Marital Assets and Debts and

Income and Expense Statement as if fully set out herein.

ANSWER:

32. For all safe deposit boxes or vaults which you have maintained in the last five years, state:

- a. Name and address of the depository institution;
- b. Box number;
- c. The names and addresses of all persons authorized to enter the box;
- d. The date you last entered the box and reason for entering.

ANSWER:

Attorney for _____

STATE OF MISSOURI)
)
 COUNTY OF)

The below-named person, being first duly sworn, affirms having read the foregoing interrogatories and that the answers given are true to the best of affiant's knowledge, and belief.

Subscribed and sworn to before me this ___ day of _____,

Notary Public

My Commission Expires: