

**SUPERIOR COURT OF THE STATE OF WASHINGTON
KING COUNTY**

_____)	
)	
Petitioner,)	NO. _____
)	
and)	PATTERN INTERROGATORIES
)	AND
_____)	REQUESTS FOR
)	PRODUCTION OF
Respondent.)	DOCUMENTS
_____)	(FAMILY LAW)

Requesting Party: _____

Attorney for Requesting Party: _____

Answering Party: _____

Attorney For Answering Party, If Any: _____

These are intended to be a standard set of pattern interrogatories and requests for production of documents. They may be supplemented as permitted by court rules. To allow electronic copies to be easily shared, and assist the answering party and reduce confusion, please follow these guidelines to comply with the copyright:

1. Please do not change any words in any question.
2. At the end of each Section, there is a heading titled "OTHER." You may add questions beneath that heading.
3. Please do remove (or scratch out) all inapplicable Parts and questions.
4. Please do not renumber the questions.
5. You must indicate (using the checkboxes) the time period to which each request pertains. The time period must relate to the relevant period for this case.

CERTIFICATION

TO THE REQUESTING PARTY: You must complete, sign, and date this form before the other party has to answer any questions. You must check any Parts below that have questions to which you want answers.

TO THE ANSWERING PARTY: You must answer questions in any of the following Parts that have a box checked:

- Part A (Questions A-1 to A-19) – Requests for Production of Documents
- Part B (Questions B-1 to B-8) – General questions
- Part C (Questions C-1 to C-13) – Income and expense questions
- Part D (Questions D-1 to D-18) – Property and debt questions
- Part E (Questions E-1 to E-14) – Parenting plan (children) questions
- Part F (Questions F-1 to F-9) – Child and spousal support questions
- Part G (Questions G-1 to G-5) – Support modification questions
- Part H (Questions H-1 to H-8) – Questions for business owners
- Part I (Questions I-1 to I-8) – Supplemental questions
- Part J (Questions J-1 to J-20) – Parentage (Paternity) questions
- Part K (Questions K-1 to K-9) – Meretricious relationship questions

(Some of the above Parts contain additional options that must be checked.)

You may download an electronic copy of this document at <http://www.kcba.org>, and type your answer in the electronic version. Or, you may answer in the spaces provided. If the space for a particular question is insufficient and you are unable to expand the space on a computer, you should write the question number and the remainder of your answer on an additional page. Review the instructions for each part.

REQUESTING PARTY MUST SIGN BELOW:

The undersigned certifies that he or she:

- (1) Has read the discovery requests;**
- (2) Is not making any discovery request for any improper purpose;**
- (3) Reasonably needs the discovery requests for this litigation;**
- (4) Has not changed any questions, and has not added any questions or subparts, except where allowed under “Other”;**
- (5) Has removed all unnecessary Parts and questions;**

Date

Signature of Requesting Party/lawyer

Printed name: _____

Bar number (if lawyer): _____

**OPTIONAL – CR 2A STIPULATION FOR
ELECTRONIC SERVICE**

INSTRUCTIONS FOR STIPULATION: This stipulation consists of pages 1 to 3, with all other pages omitted. The boxes on pages 1 – 3 should be completed. To stipulate, the parties may copy pages 1 to 3 and agree via email, or with signatures exchanged via fax or otherwise. Prior to emailing, parties/counsel should verify that email attachments can be sent and received.

STIPULATION:

The parties agree that instead of serving a paper copy of the questions, the Answering Party shall accept an electronic copy of pattern discovery, obtained as follows:

The Parties shall obtain an electronic copy from the www.kcba.org website. The date of service shall be the date below.

The Parties agree to receive an electronic copy of pattern discovery via email. The date of service shall be the date of the email if sent before 4:30 PM or one day after the date of the email if sent between 4:30 PM and midnight.

The Answering Party shall email back to the Requesting Party verification of receipt of emailed pattern discovery within ___ working days. Deadlines for answers shall be based on the date the discovery was sent, not the verification of receipt.

Only the Parts checked on the preceding page are to be answered. However, these questions from the Parts checked above need not be answered:

Date: _____

Date: _____

Requesting Party

Email address:

Answering Party

Email address:

INSTRUCTIONS

These interrogatories are intended to provide for the exchange of relevant information without unreasonable expense to either party. None of the questions or instructions change existing law relating to discovery nor do they affect the Answering Party's right to assert any privilege or make any objection. *See* Civil Rule 26. **Responses are due within 30 days of the date you were served with these documents.*** Any objections or privileges the Answering Party may wish to assert should be stated in writing and served by the due date. It is not a valid objection to assert that the information is already available to the Requesting Party.

All terms in these discovery requests are to be construed in their broadest sense. The examples given are not exhaustive as to all possible definitions.

If asked to IDENTIFY A PERSON, give the person's name, last known residence and business address, telephone numbers, and company affiliation at the date of the transaction referred to.

"PERSON" includes a natural person, firm, association, organization, partnership, business, trust, limited liability company, corporation, and public entity.

"DOCUMENT" includes all data, whether on paper or in electronic form, regardless of how it may be stored, produced, or reproduced.

"ASSET" or "PROPERTY" includes ANY interest in REAL or PERSONAL property. REAL PROPERTY means real estate. PERSONAL PROPERTY can include such things as automobiles, furniture, antiques, as well as such things as cash value insurance, securities, bonds, patents and loans or contract rights owed to you. It also includes, but is not limited to, any interest in a pension, profit-sharing, stock option, stock grant, or retirement plan, whether vested or not, as well as bank accounts, credit union accounts, brokerage accounts, stocks, bonds, mutual funds, Employee Savings Plans or any other rights or claims.

When referring to an asset, you are required to give your best estimate as to its value at the time of your response. You are also required to list all encumbrances (including but not limited to debts, mortgages, and liens) against the asset, and provide all particulars to such encumbrances and produce copies of all relevant documents regarding the encumbrances.

"DEBT" includes any obligation (including but not limited to debts paid since the date of separation in divorce and meretricious relationship cases). DEBT also includes all amounts owed to another person or entity and can include charge cards, contracts or loans.

"INCOME" includes money from any source, whether wages, self-employment, dividends, interest, capital gains, support, state aid, etc., whether or not taxable. It also includes overtime and bonuses. Further examples may be found in RCW 26.19.101(3) and RCW 26.19.101(4).

"INVESTMENTS" include such things as stocks, bonds options, precious metals or gems, antiques, collectibles or interests in businesses.

* If you are the non-petitioning party and these interrogatories and requests for production are served within ten (10) days from the services of the petition, the responses are due forty (40) days from the date of service of the Petition.

“SUPPORT” means any benefit or economic contribution to the living expenses of another person, or from another to you, including but not limited to gifts.

You must furnish all information you have or can reasonably find out, including all information (not privileged) reasonably available to you or your attorney. For example, you should get bank statements from your bank, if reasonable. If you don’t know the answer to a question, you should state that you do not know the answer. Answers should be complete and straightforward.

If an interrogatory is answered by referring to a document, the document must be attached as an exhibit to the response and referred to in the response. If the document has more than one page, refer to the page and section where the answer can be found. *See* Civil Rule 33(c).

If an interrogatory cannot be answered completely, answer as much as you can, state the reason you cannot reasonably answer the rest, and state any information you have about the unanswered portion.

These instructions do not constitute legal advice. If you do not understand these questions and do not already have an attorney, you may wish to consult with an attorney before answering the questions.

As soon as the Answering Party learns that an answer may be inaccurate or incomplete, that party should supplement the answer. See Civil Rule 26(e) for supplementation requirements.

The Answering Party must sign on the last page before submitting the answers.

(Washington court rules can be found at <http://www.courts.wa.gov>)

PART A
REQUESTS FOR PRODUCTION OF DOCUMENTS

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party must remove this part if the box is not checked.)

SPECIAL INSTRUCTIONS FOR THIS PART:

Instructions for the Answering Party

You must produce the documents listed below. You are required to produce documents that are in your possession, and documents that are not in your possession if they are in your control or are accessible. *See* Civil Rules 34 and 33(c).

“DOCUMENT” means all written, electronic, recorded, or graphic materials, however stored, produced, or reproduced.

If you claim that any requested document is privileged under the law, you must identify that document by title, date, type (memorandum, letter, form, instrument, etc.), originator and recipient. You must also state the legal basis for your claim that the document is privileged.

The Answering Party must sign the last page.

Optional Request for Supplementation.

[] If this box is checked, you are requested to supplement your answers to the following questions:

Question numbers requested to be supplemented (must include numbers):

Date Supplementation Due **Thirty (30) to sixty (60) days before trial date;**
 Other: _____

TIME PERIOD FOR THIS PART

Unless otherwise indicated, produce the following documents relating to **you or the other party for the following checked time periods** (Check all that apply):

- All times during your relationship.
- From the time of your separation. Date: _____
- The last two years
- From the time the last order of child support/spousal maintenance was entered to present.
- Other: _____

If no box above is checked, the time period is for the last twelve (12) months.

A-1. All federal and state income tax returns (including all schedules, attachments, and worksheets) for the time periods checked above, or Other: _____

A-2. All statements and other documents relating to any change in account value in any type of account in which you have an interest (whether or not in your name) with a bank, thrift, credit union, savings or mutual banks, securities dealer, mutual fund, and brokerage for the time periods checked above, or Other: _____.

A-3. All registers related to the above accounts (including registers on computer).

A-4. All statements and other documents relating to investments of any kind, including but not limited to securities, stock certificates, debentures, bonds, notes, general and limited partnerships, futures contracts, contracts, options, mortgages, mutual funds, certificates of deposit, T-bills, REITs, tax credits, derivatives, and any other investment for the time periods checked above, or Other: _____.

A-5. All documents relating to any ownership or other interest in real estate, including but not limited to deeds, settlement (closing) statements, and appraisals for the time periods checked above, or Other: _____.

A-6. All leases and rental agreements (including real estate, car, and other leases) for the time periods checked above, or Other: _____.

A-7. All loan documents (including but not limited to loan applications, promissory notes, security documents, and lender statements showing balances including the current mortgage balance) for the time periods checked above, or Other: _____.

A-8. All documents showing the cost of acquisition and the title for any vehicle, (including but not limited to automobiles, trucks, motorcycles, motor homes, campers, trailers, watercraft, aircraft, etc.) for the time periods checked above, or Other: _____.

A-9. All life insurance policies, including declarations pages and periodic statements, and documents showing surrender value and any loans against those policies for the time periods checked above, or Other: _____.

A-10. All documents relating to any type of annuity, pension, retirement, deferred compensation, and survivors benefits plan (including but not limited to annuity contracts, retirement savings programs, retirement plans, pensions, Social Security statements, disability retirement, IRAs) for the time periods checked above, or Other: _____.

A-11. All credit card statements for the time periods checked above, or Other: _____.

A-12. All paycheck stubs for the last six (6) months and the most recent year-end pay stub, unless a different time period is indicated here: _____.

A-13. All documents describing benefits of employment (including but not limited to statements of benefits and accrued benefits, stock options and stock grants, ESOPs, per diems, expense reimbursements, use of company vehicles, health and other insurance policies, bonuses, employee incentive plans, etc.) for the time periods checked above, or Other: _____.

A-14. All employment contracts (whether or not in force) for the time periods checked above, or Other: _____.

A-15. All community property agreements, powers of attorney, nuptial agreements (prenuptial, postnuptial, antenuptial, etc.), separate property agreements, separation agreements, and wills and codicils, for the time periods checked above, or Other: _____.

A-16. All trusts you have established and all documents showing contributions you have made to the trust, all trusts in which you are a beneficiary, and all documents showing any distributions you received for the time periods checked above, or Other: _____.

A-17. The following documents relating to the finances of any business in which you have an ownership interest (excluding publicly traded businesses): all valuations and appraisals, offers to purchase, financial statements (including year-to-date), accounts receivable schedules, asset and depreciation schedules, federal, state, and local tax returns, and loan documents for the time periods checked above, unless otherwise indicated here: _____.

A-18. All reports and opinions of any expert whom you are expected to call at trial.

A-19. Except for those already provided, all statements signed by witnesses that you (and/or your lawyer) have obtained that relate to this action.

OTHER: [Additional requests for production of documents may optionally be added here]:

**PART B
GENERAL QUESTIONS**

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party should remove this part if the box is not checked.)

Request for Supplementation.

[] If this box is checked, you are requested to supplement your answers to the following questions:

Question numbers requested to be supplemented (must include numbers):

Date Supplementation Due [] Thirty (30) to sixty (60) days before trial date;
 [] Other: _____

The above request does not affect obligations under CR 26(e).

B-1. List:

Your full name:	
Your date of birth:	
Your birthplace:	
Your social security number:	
Your driver's license number:	
State/country that issued your driver's license:	
Your current residence address:	
Your current work address:	
Any other names you have ever used:	
The date(s) you used each name:	
The highest grade of education you have completed:	
Any degrees you have:	
Any professional or trade licenses you have:	

B-2. List all your prior marriages:

Date of marriage	Date marriage ended	Spouse's name and current address	County/State where decree entered

B-3. List all your children:

Name	Date of Birth	Name and address of other parent

B-4. Have you ever been or do you anticipate being a party to any other legal or administrative proceeding? YES or NO. If yes, state:

Name of proceeding:	
Jurisdiction and court/tribunal:	
Case number:	
Brief description:	

B-5. For anyone who lives with you at your present address (other than children), state:

Name:	
Age:	
Relationship to you:	
Gross monthly income:	

B-6. Do you provide financial support to anyone other than children of your present relationship or the opposing party? YES or NO. If yes, state:

Name(s) of supported person(s):	
Age(s) of supported persons(s):	
Address(es) of supported persons(s):	
Amount of monthly support:	
Date(s) support obligation(s) end(s):	

B-7. Within the last twelve months, have you received financial support from anyone other than the opposing party? YES or NO. If yes, state:

Name of person for whom support received:	
Age of person for whom support received:	
Relationship of person for whom support received:	
Amount received:	
Source of support each month:	

B-8. Have you served any branch of the military of the United States or any other country? YES or NO? If yes, state:

Branch of service:	
Date(s) of service:	
Discharge type:	
Benefits to which you are entitled or will become entitled as a result of your service:	

**PART C
INCOME AND EXPENSE QUESTIONS**

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party should remove this part if the box is not checked.)

<u>Request for Supplementation.</u>	
[] If this box is checked, you are requested to supplement your answers to the following questions:	
Question numbers requested to be supplemented (must include numbers): _____	
Date Supplementation Due	[] Thirty (30) to sixty (60) days before trial date; [] Other: _____
The above request does not affect obligations under CR 26(e).	

**SUBPART 1
INCOME**

C-1. For the last twelve (12) months, state for each:

Name and address of employer(s):	
Date you started working:	
Job title(s):	
Job description(s):	
Pay period(s) (weekly, every other week, twice per month, monthly):	
Rate(s) of pay (including bonuses, overtime, and commissions):	

C-2. Have you worked any overtime in the last twelve (12) months? [] YES or [] NO? If yes, state:

Amount of overtime you worked in each of the last 12 months:	
Your overtime earnings each of the last 12 months:	
Anticipated availability of overtime work in next 12 months:	

C-3. Have you missed any time from work in the last twelve (12) months? [] YES or [] NO? If yes, state:

Amount of time you missed:	
Reason you missed this time:	

Amount of lost earnings:	
Sick/vacation/disability taken:	

C-4. Do you expect any bonuses, raises or promotions during the next year? YES or NO? If yes, state which one, the amount and when you expect it.

C-5. If you are eligible for a bonus or raise, state:

How it is calculated or determined:	
When it is expected:	

C-6. Have you received any bonuses or raises from your present employer in the past two (2) years? YES or NO. If yes, state:

Date	Bonus or Raise?	Amount

C-7. State the following as of the date of separation:

Accrued vacation:	
Accrued sick leave:	
Accrued comp time:	

C-8. Summarize your employment benefits, as follows:

LIFE INSURANCE	
Name of Insurer:	
Face amount of policy:	\$
Amount of premiums or payments made by you per month:	\$
Beneficiaries for each policy:	
HOSPITAL, MEDICAL AND DENTAL INSURANCE	
Type of insurance:	
Name of insurer:	
Dependents covered:	
OTHER	
Cafeteria plan (amount currently in plan, purposes):	
Disability (insurer, amount):	
Paid vacation (amount per year):	
Paid sick leave (amount per year):	
Retirement/pension/deferred compensation (plan name):	
Stock options or grants:	

Clubs/use of car or computer/discounts:	
--	--

C-9. What do you pay (not your employer's portion) for medical/dental/vision coverage:

	MEDICAL	DENTAL	VISION
For yourself:			
For your spouse:			
For each child:			
For any other dependents:			

C-10. Are you presently retired, otherwise unemployed or receiving social security benefits of any type? YES or NO. If yes, state:

Reason for your unemployment or receipt of social security benefits:	
Date you were last employed:	
Summarize your efforts to obtain employment:	
The amount of benefits you receive (including but not limited to pension/retirement, survivors benefits, disability, social security, and deferred compensation):	

C-11. State your employment history for the last ___ years (5 years if left blank), as follows:

Each prior employer:	
Each position:	
Each salary or wage:	

C-12. Have you received any income, gifts (over \$250), or benefits not identified above, in the past twenty-four (24) months whether or not taxable? YES or NO. If yes, state:

Description:	
Amounts received:	
How often received:	

**SUBPART 2
EXPENSES**

C-13. [] If this box is checked, state your **current average monthly expenses** in each of the following categories OR attach a completed Financial Declaration, Washington mandatory form no. WPF DRPSCU 01.1550.

[] **CHECK HERE IF THERE HAS BEEN NO CHANGE SINCE THE LAST FINANCIAL DECLARATION FILED WITH THE COURT.**

HOUSING EXPENSES—AVERAGE MONTHLY:

Mortgage or rent payments	\$ _____
Installment payments for other mortgages or encumbrances	\$ _____
Property taxes & insurance (if not in monthly payments)	\$ _____
Other (yard work, assessments, etc.)	\$ _____

UTILITIES EXPENSES—AVERAGE MONTHLY:

Heat (gas & oil)	\$ _____
Electricity	\$ _____
Water, sewer & garbage	\$ _____
Telephone	\$ _____
Internet	\$ _____
TV cable/satellite	\$ _____

HOUSEHOLD FOOD & SUPPLIES EXPENSES—AVERAGE MONTHLY (for _____ persons):

Food	\$ _____
Supplies	\$ _____
Pets	\$ _____
Meals eaten out	\$ _____

CHILDREN’S EXPENSES—AVERAGE MONTHLY:

Daycare & babysitter	\$ _____
Children’s clothing & shoes	\$ _____
Children’s lessons, activities & clubs	\$ _____
Children’s school expenses (including lunches but not tuition)	\$ _____
Children’s tuition	\$ _____
Children’s hair cuts, allowances, personal expenses	\$ _____

TRANSPORTATION EXPENSES—AVERAGE MONTHLY:

Vehicle payments or leases	\$ _____
Vehicle insurance & license	\$ _____
Vehicle gas, oil & maintenance	\$ _____
Parking, tolls	\$ _____
Taxis and public transportation	\$ _____

HEALTH CARE EXPENSES—AVERAGE MONTHLY:

Health insurance for yourself	\$ _____
Health insurance for your children	\$ _____

Health insurance for anyone else	\$ _____
Identify _____	
Uninsured medical expenses	\$ _____
Uninsured dental expenses	\$ _____
Uninsured eye care expenses	\$ _____
Uninsured drugs, prosthetics, etc.	\$ _____

PERSONAL (ADULT) EXPENSES—AVERAGE MONTHLY:

Clothing	\$ _____
Cleaning	\$ _____
Cosmetics	\$ _____
Clubs	\$ _____
Recreation	\$ _____
Travel	\$ _____
Education (including but not limited to tuition)	
\$ _____	
Books, magazines, newspapers, photos, etc.	\$ _____
Gifts	\$ _____
Charitable Contributions and tithing	\$ _____
Identify _____	
Life insurance	\$ _____
Court-ordered support or maintenance	\$ _____
For (name[s]) _____	
Savings programs (401k, etc.)	\$ _____
Other	\$ _____
Identify _____	

OTHER:

PART D PROPERTY AND DEBT QUESTIONS

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party should remove this part if the box is not checked.)

Request for Supplementation.

[] If this box is checked, you are requested to supplement your answers to the following questions:

Question numbers requested to be supplemented (must include numbers):

Date Supplementation Due [] Thirty (30) to sixty (60) days before trial date;
 [] Other: _____

The above request does not affect obligations under CR 26(e).

SUBPART 1 PROPERTY

D-1. Describe all property in which you or the other party have or had during these time periods: (a) at the time you started living together, (b) at the time of marriage, (c) at the time of separation, and (d) today. Check the appropriate box for community property, separate property, or jointly owned property. (If you own an interest together with another party, name that party.)

(a) For any separate property claimed, based on property in existence when you started living together:

TYPE	DESCRIPTION	Comm'y	Separate	Joint	VALUE
Real Estate:					Answer D2
Furniture, Furnishings, Appliances:					\$
Jewelry, Antiques, Art, Collections:					\$
Vehicles:					\$
Boats, Trailers, Aircraft:					\$
Savings Accounts:					\$
Checking Accounts:					\$
Credit Union, Other Accounts:					\$
Cash:					\$

Tax Refund:					\$
Life Insurance:					\$
Annuities:					\$
Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:					\$
Retirement and Pension Plans:					\$
Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:					\$
Accounts Receivable And Unsecured Notes:					\$
Business Interests:					\$
Airline Miles:					\$
Patents, Trademarks, Copyrights:					\$
Property held by others:					
Other Assets:					\$

(b) For any separate property claimed based on property in existence at the time of marriage:

TYPE	DESCRIPTION	Comm'y	Separate	Joint	VALUE
Real Estate:					Answer D2
Furniture, Furnishings, Appliances:					\$
Jewelry, Antiques, Art, Collections:					\$
Vehicles:					\$
Boats, Trailers, Aircraft:					\$
Savings Accounts:					\$
Checking Accounts:					\$
Credit Union, Other Accounts:					\$
Cash:					\$
Tax Refund:					\$
Life Insurance:					\$

Annuities:					\$
Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:					\$
Retirement and Pension Plans:					\$
Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:					\$
Accounts Receivable And Unsecured Notes:					\$
Business Interests:					\$
Airline Miles:					\$
Patents, Trademarks, Copyrights:					\$
Property held by others:					
Other Assets:					\$

(c) **Property owned at the time of separation:**

TYPE	DESCRIPTION	Comm'y	Separate	Joint	VALUE
Real Estate:					Answer D2
Furniture, Furnishings, Appliances:					\$
Jewelry, Antiques, Art, Collections:					\$
Vehicles:					\$
Boats, Trailers, Aircraft:					\$
Savings Accounts:					\$
Checking Accounts:					\$
Credit Union, Other Accounts:					\$
Cash:					\$
Tax Refund:					\$
Life Insurance:					\$
Annuities:					\$
Stocks, Bonds, Secured Notes,					\$

Mutual Funds, Other Securities:					
Retirement and Pension Plans:					\$
Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:					\$
Accounts Receivable And Unsecured Notes:					\$
Business Interests:					\$
Airline Miles:					\$
Patents, Trademarks, Copyrights:					\$
Property held by others:					
Other Assets:					\$

(d) **Property owned today:**

TYPE	DESCRIPTION	Comm'y	Separate	Joint	VALUE
Real Estate:					Answer D2
Furniture, Furnishings, Appliances:					\$
Jewelry, Antiques, Art, Collections:					\$
Vehicles:					\$
Boats, Trailers, Aircraft:					\$
Savings Accounts:					\$
Checking Accounts:					\$
Credit Union, Other Accounts:					\$
Cash:					\$
Tax Refund:					\$
Life Insurance:					\$
Annuities:					\$
Stocks, Bonds, Secured Notes, Mutual Funds, Other Securities:					\$
Retirement and					\$

Pension Plans:					
Profit Sharing, Annuities, IRAs, Deferred Compensation, Survivors Benefits:					\$
Accounts Receivable And Unsecured Notes:					\$
Business Interests:					\$
Airline Miles:					\$
Patents, Trademarks, Copyrights:					\$
Property held by others:					
Other Assets:					\$

D-2. For any real estate listed in response to question D-1, state:

Address/Description of property:	
Date acquired:	
Purchase price:	
Down payment and source:	
Current value:	
Encumbrances (principal amount):	
Encumbrance holders:	
Monthly payments:	
Description of improvements made:	
Date of each improvement:	
Cost and source of funds for each improvement:	

D-3. For any disability, retirement, profit sharing, or deferred compensation plans, state:

Name of each plan:	
Type of plan:	
Name of employer who contributed to each plan (if any):	
Date your employment commenced with each employer who contributed to plan:	
Date you separated employment from each employer who contributed to plan:	
Present value of your interests in each plan:	
Name, address, and phone number of administrator:	

D-4. Do you claim any item listed is your separate property or the separate property of the other party? [] YES or [] NO. If yes, state for each item:

Description of Separate Property:	Reason Why It Is Separate Property:

D-5. For any stock purchase rights (including but not limited to stock options, stock grants, etc.), whether or not vested, state:

Dates when rights may be exercised:	
Maximum and minimum number of shares to be purchased:	
Price per share or basis of computation of price:	

D-6. In the past 24 months, have there been any appraisals or offers to purchase any item of property listed above? YES or NO. If yes, identify the item and state the amount and source of the appraisal or offer. Attach a copy of each appraisal or offer.

D-7. Is there any property held by anyone other than you or opposing party in which either of you has any interest? If yes, describe the property.

D-8. Have you sold or transferred any property worth over \$1,000 in the last year? YES or NO. If yes, state:

Description of property:	Transferred to:	Money received:

D-9. Are you a member of any clubs or associations? YES or NO? If yes, state:

Name of Club/Association:	
Date joined:	
Fees/Dues:	
Deposits and Interests payable to you upon termination of membership:	

D-10. Does anyone (including but not limited to family members) owe you or the marital community any money, goods or services? YES or NO? If yes, state:

Name and address of obligor:	
Amount owed:	
Date obligation incurred:	
Terms of obligation:	

D-11. Do you or the marital community have any claims against any other person or company? YES or NO? If yes, state the nature and estimated value of each claim:

D-12. In the last two years, did you have or did you store anything in a safe or safe deposit box?
 YES or NO? If yes, state:

Location of safe or safe deposit box:	
Name under which safe deposit box was rented:	
Date on which any item removed:	
Description of items removed:	
Current inventory:	

D-13. Do you claim the right to be reimbursed by opposing party or the marital community for any expenditure? YES or NO. If your answer is yes, state the claim and all the supporting facts.

D-14. Do you claim reimbursement credits for payments made by you on community debts since the date of separation? YES or NO. If yes, identify the creditor and state the date of the payments, the amount paid, the source of funds used to make the payments and any amounts you have added to the debt since the separation from opposing party.

D-15. Do you claim the opposing party dissipated or wasted any marital or joint assets? YES or NO? If yes, state:

Description of each asset:	
Value of each asset:	
Basis for your claim that asset was dissipated or wasted:	

D-16. Have you suffered an injury or loss of any type for which you may or should receive compensation? YES or NO. If yes, state:

Date of injury:	
Person who caused injury:	
Nature of injury:	
Has a claim been filed?	
With whom?	
Claim number:	
Court name and case number:	
Amount you believe you should receive :	

SUBPART 2 DEBTS

D-17. List all your debts for the following time periods: (a) at the time you started living together, (b) at the time of marriage, (c) at the time of separation, and (d) at present. Check the appropriate box for community debt, separate debt, or joint debt. If you owe a debt with another party, name that party.

(a) Debt at the time you started living together:

CATEGORY	DESCRIPTION	ACCOUNT NUMBER	Comm'y	Separate	Joint	AMOUNT OWED
Student Loans:						\$
Credit Cards:						\$
Secured Loans:						\$
Unsecured Loans:						\$
Judgments:						\$
Taxes:						\$
Support Arrears:						\$
Other Debts:						\$

(b) Debt at the time of marriage:

CATEGORY	DESCRIPTION	ACCOUNT NUMBER	Comm'y	Separate	Joint	AMOUNT OWED
Student Loans:						\$
Credit Cards:						\$
Secured Loans:						\$
Unsecured Loans:						\$
Judgments:						\$
Taxes:						\$
Support Arrears:						\$
Other Debts:						\$

(c) Debt at the time of separation:

CATEGORY	DESCRIPTION	ACCOUNT NUMBER	Comm'y	Separate	Joint	AMOUNT OWED
Student Loans:						\$

Credit Cards:						\$
Secured Loans:						\$
Unsecured Loans:						\$
Judgments:						\$
Taxes:						\$
Support Arrears:						\$
Other Debts:						\$

(d) Debt at present time:

CATEGORY	DESCRIPTION	ACCOUNT NUMBER	Comm'y	Separate	Joint	AMOUNT OWED
Student Loans:						\$
Credit Cards:						\$
Secured Loans:						\$
Unsecured Loans:						\$
Judgments:						\$
Taxes:						\$
Support Arrears:						\$
Other Debts:						\$

D-18. For any debt identified in interrogatories D-17(a) and D-17(b) that was paid during the time you lived together or during marriage, state:

The amount paid:	
The source of funds for the payment(s):	

D-19. Do you claim any debt listed is your separate obligation or the separate obligation of the other party? YES or NO. If yes, state for each item:

Description of separate obligation:	Reason why it is a separate obligation:

OTHER:

What kind of alcohol you typically drink:	
Your regular pattern of usage, including whether you have been too intoxicated to legally operate a motor vehicle:	

E-4. Have you ever been arrested, charged with, or convicted of a criminal offense or been investigated in any licensing matter? YES or NO. If yes, state:

Name, address and telephone number of the police department/authority who arrested/investigated you:	
Nature of (alleged) offense:	
Disposition of case including sentence/discipline imposed:	
Date of occurrence:	
Names, addresses, and phone numbers of any persons involved in case (for example, victim, witnesses, other defendants, attorneys, prosecutors, investigators, etc.):	

E-5. During your relationship with the other party, (a) were the police ever contacted concerning you or your family or household, or (b) did the police come to your residence concerning anything that happened in your household? YES or NO. If yes, state:

The date(s) the police were called:	
Why the police were called:	
Who called the police (name, address and telephone number):	
Whether a police report was ever filed:	<input type="checkbox"/> YES or <input type="checkbox"/> NO
Name, address and telephone number of police department:	
Name and badge number of police officer who filed the report:	
Case number assigned to the report:	

E-6. For each person who has personal knowledge concerning any fact relating to the care of your child(ren) and for each individual named in the preceding Interrogatory, state what knowledge he/she has that is relevant to this case:

Name, address, and phone number:	
Relationship of the person to the parties and the child(ren):	
A summary of the person's relevant knowledge:	

E-7. Provide a proposed parenting plan if you have not already done so.

E-8. Are you opposed to joint decision making? YES or NO. If yes, state why.

E-9. What parenting functions have you performed in the past 24 months?

E-10. Do you anticipate any change in your residence or work in the next 24 months that may affect the residential schedule for the children? If so, describe in detail the anticipated change, and how you think it may affect the schedule.

E-11. Do you contend the other parent is an unfit parent or has problems that negatively impact his/her parenting abilities? YES or NO. If yes, state:

The facts that support your contention:	
The name, address, phone number of each person who has information to support your contention and the information known to the person:	

E-12. Do you believe there is a basis for restrictions of any sort on the other parent's parenting of any minor child? YES or NO. If yes, state:

The facts that support your contention:	
The name, address, phone number of each person who has information to support your contention and the information known to the person:	

E-13. Has CPS (or any other agency) in any jurisdiction charged with investigating child abuse or neglect ever been contacted about you, the other parent, or a new spouse or companion of you or the other parent? YES or NO. If yes, state:

The facts surrounding agency involvement:	
Who contacted CPS (if known):	
Approximate date of the contact:	
The name(s) and relationship(s) to you of the children that were the subject(s) of the investigation:	
The outcome of the investigation:	
The current status of CPS involvement:	
Which CPS office was involved:	

E-14. If this is a modification case, has the parenting plan been followed? YES or NO. If yes, state:

How:	
Why:	

OTHER:

been paid?	
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F-4. Have you or a dependent ever received public assistance, including but not limited to AFDC, and daycare or medical assistance? YES or NO. If yes, state:

Dates you received benefits:	
Types of benefits:	
Amounts received:	
Name you used to receive benefits:	
Whether you were required to name any individual as the other parent(s) of your child(ren) to receive benefits:	
Name of person identified as the other parent:	

F-5. State:

All degrees and educational certificates you have:	
Date(s) you obtained each degree or certificate:	
Name of each institution granting degree or certificate:	

F-6. Do you believe you should receive spousal maintenance? YES or NO. If yes, state:

All reasons why you should receive spousal maintenance:	
The amount you request	
How you arrived at the amount:	
The duration of spousal maintenance you request:	
How you arrived at the duration:	

F-7. Are you currently enrolled or planning to enroll in any university, trade school, or educational program? YES or NO. If yes, state:

Name, address, and telephone number of college, university, trade school, or other educational program:	
Degree, certificate, or special skill that will result from education:	
Year education is expected to be completed:	
Annual tuition, fees, and other costs (specify):	
Date(s) of financial aid applications:	
Financial aid and scholarships received:	
How have the tuition, fees, and other costs been paid?	

F-8. Have you ever consulted a mental health professional concerning yourself? YES or NO. If yes, state:

Name, address, and telephone number of each professional you saw:	
Reason(s) seen:	
Date(s) or timeframe when seen:	

Result of treatment:	
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F-9. Have you ever consulted, been treated, or been recommended treatment for any problem relating to drugs, alcohol and/or any mental health condition? [] YES or [] NO. If yes, for each recommendation or period of treatment state:

Name, address and phone number of the person who recommended treatment:	
Reason for the recommendation:	
Date treatment began:	
Date treatment ended:	
Diagnosis during treatment:	
Result of treatment:	

OTHER:

G-5. Are you responsible for any additional children since the last order was entered? [] YES or [] NO. If yes, state:

Child(ren)'s name(s):	
Birthdate(s):	
Father's name(s):	
Mother's name(s):	
Support received in your household for this child(ren):	
Support paid by your household for this child(ren):	

OTHER:

H-5. Do any businesses listed above have an interest in any patent, trade mark, trade secret, or process? [] YES or [] NO. If yes, describe.

H-6. State:

Name, address, and telephone number of the accountant for the business:	
Name, address, and telephone number of the custodian of records for the business:	

H-7. For each investment and loan you made to each business, state:

Date(s):	
Amount(s):	
Source(s) of funds:	

H-8. Has there been any kind of valuation or appraisal of the business or your interest in the business? [] YES or [] NO. If yes, give details.

OTHER:

PART I SUPPLEMENTAL QUESTIONS

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party should remove this part if the box is not checked.)

Request for Supplementation.

If this box is checked, you are requested to supplement your answers to the following questions:

Question numbers requested to be supplemented (must include numbers):

Date Supplementation Due **Thirty (30) to sixty (60) days before trial date;**
 Other: _____

The above request does not affect obligations under CR 26(e).

I-1. 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 insurance company, policy type, policy number and the insurance agent's name, address and phone number.

I-2. Prior to the date of your marriage, did you live with your spouse? YES or NO? If yes, state:

Beginning and ending dates for each period when you resided together:	
Addresses where you resided together (for each period):	
Arrangements for sharing expenses for each period when you resided together:	

I-3. Are you currently separated from the opposing party? YES or NO? If yes, state:

Date of separation:	
Reason for separation:	
Start and end dates of any prior separations:	

I-4. Were any agreements between you and your spouse made before or during your marriage or after your separation that affect the disposition of assets, debts, or support in this proceeding? If yes, for each agreement state the terms, the date made, whether it was written or oral and attach a copy of the agreement or describe its content.

I-5. With respect to any gifts you made in the last 24 months worth more than \$250, state:

Description of gift:	
Value:	

Name and address of recipient:	
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I-6. Have you paid or do you owe any deposit, retainer, or fees to any attorney in regard to this action? YES or NO? If yes, state:

Name and address of each attorney:	
The amount paid:	
The amount owed:	
The date(s) services were rendered:	

I-7. Since the date of the last order, have you filed any case under the Bankruptcy Code? YES or NO? If yes, state:

Date and place of filing:	
Case number:	
Names of co-petitioner(s):	
Date and outcome of the final disposition:	

I-8. Do you have any condition that could impede your ability to work or care for a child? YES or NO. If yes, state:

Description of condition:	
Prognosis:	
Treating health care provider name and address:	

OTHER:

Date of birth for each child:	
Reasons for your belief:	
Date of first sexual intercourse with Purported Parent:	
Date of last sexual intercourse with Purported Parent:	
Date(s) of intercourse most likely to have resulted in pregnancy(ies):	

J-5. Did you have sexual intercourse with anyone other than Requesting Party within twelve (12) months prior to the date of birth of any child identified above? YES or NO. If yes, state:

Name of each partner:	
Address and phone number of each partner:	
First date of sexual intercourse with each partner:	
Last date of sexual intercourse with each partner:	

J-6. Could someone other than the Requesting Party be the father of the child(ren) at issue? YES or NO. If yes, state:

Name and address of the other possible father:	
Date(s) the other possible father had intercourse with the mother:	
Name and address of all persons who know of the intercourse:	

J-7. Have you at any time told anyone that you did not know the identity of the subject child/s/children's father, or that someone other than the Requesting Party was the subject child's/children's father? YES or NO. If yes, state:

Name of each person to whom you made such statement:	
Address of each person:	
When you made the statement:	

J-8. When did you first advise the Requesting Party that:

You were pregnant:	
Respondent was the father of your child:	
Respondent should contribute support:	

J-9. Were you married at the time of your pregnancy with this child or within ten (10) months of the child's birth? YES or NO. If yes, state:

Name of spouse:	
Address of spouse:	

Date of separation:	
Date of divorce/dissolution:	

J-10. Who is listed on the child(ren)'s birth certificate for the father?

J-11. Have you made any prior attempts to establish paternity of this child(ren)? YES or NO. If yes,

Name of other father:	
Efforts made:	
Result:	

3. QUESTIONS ORDINARILY FOR ALLEGED FATHERS

J-12. Have you ever stated that you were the father of the subject children (orally or in writing)? YES or NO. If yes, state:

Who made the statement:	
Date of statement:	
Who heard or read the statement:	
If in writing, where is the writing now:	

J-13. Have the subject children ever lived in the same residence with you? YES or NO. If yes, state when.

J-14. Have you provided money for some or all of the costs of pregnancy or birth of the subject children? YES or NO. If yes, state:

Date(s):	
Amount(s):	
Reason(s):	

J-15. Have you ever made gifts to the subject children? YES or NO. If yes, state:

What did you give?	
Date(s):	
Reason(s):	

J-16. Have you provided any money for the child or to the child's biological mother? YES or NO. If yes, state:

Date(s) paid:	
Amount(s) paid:	
Reason for each payment:	

J-17. Have you ever paid money to any state for child support for the subject children? YES or NO. If yes, state:

Name and address of agency:	
Date(s):	
Amount(s):	
Case or reference number:	

J-18. After first learning of the pregnancy, did you do anything (before this action) to disestablish yourself as the parent? YES or NO. If yes, state:

Steps you took to disestablish yourself:	
Date(s) when you took these steps:	
Results of steps taken:	

J-19. Have you ever visited the child after birth? YES or NO. If yes, state:

When:	
How long was each visit:	
How frequently did you visit:	

J-20. Did you sign a paternity affidavit? YES or NO. If yes, state:

Date you signed it:	
Reason you signed it:	
If you dispute its validity, state the reasons why you dispute its validity:	
City and State where signed:	
Do you have a copy? If so, please attach. If no, please state where located:	

OTHER:

**PART K
MERETRICIOUS RELATIONSHIP QUESTIONS**

(This part need not be answered unless the appropriate box is checked in the certification on page 2. The Requesting Party should remove this part if the box is not checked.)

<u>Request for Supplementation.</u>	
[] If this box is checked, you are requested to supplement your answers to the following questions:	
Question numbers requested to be supplemented (must include numbers): _____	
Date Supplementation Due	[] Thirty (30) to sixty (60) days before trial date; [] Other: _____
The above request does not affect obligations under CR 26(e).	

K-1. Have you and the other party ever lived together? [] YES or [] NO. If yes, state:

Date(s) you lived together, (identify any periods of time during which cohabitation was interrupted or during which you were separated):	
Address(es) you lived together:	
Names of persons who knew you were living together:	
Name(s) of all person(s) (if any) to whom you were married when you lived together:	
Name(s) of all persons (if any) whom you dated while you lived together:	
Any other address you used for residential purposes during the time you lived together:	
Any other address you used to receive mail during the time you lived together:	

K-2. Was your relationship with the other party exclusive? [] YES or [] NO.

K-3. Did you or the other party ever discuss the possibility of marriage? [] YES or [] NO. If yes, state:

Approximate date(s) for each discussion:	
What was said:	
For each discussion, names of all persons who were present:	
Names , address, and phone numbers of all persons who knew about the discussions:	

K-4. Did you or the other party ever purchase or give the other party an engagement ring (or similar symbol of engagement)? YES or NO. If yes, state:

If given, to whom was the ring given?	
If purchased, who purchased the ring?	
Where purchased and purchase price:	
Source of funds for purchase:	
Date purchased:	
Date given:	
Where is the ring now?	

K-5. Did you and the other party have any joint accounts? YES or NO. If yes, state:

Financial institution:	
Reason for account:	
Approximate date established:	

K-6. Did you and the other party purchase anything together that cost more than \$_____ (\$2,000 if not filled in)? YES or NO. If yes, state:

Description of item purchased:	
Purchase date:	
Purchase price:	
Summary of any agreement you and the other party had concerning ownership:	

K-7. Did you jointly hold with the other party any assets or liabilities not identified above, including but not limited to investment accounts, credit accounts, real estate, credit cards, mortgages, leases? YES or NO. If yes, state:

Identity of each item:	
Date the item became held in both names:	
Value when it became held in both names:	

K-8. Did you or the other party have a Will or a Power of Attorney? YES or NO. If yes, state:

Type of document:	
For power of attorney, name who held the power?	
For Will, name the beneficiaries:	

K-9. During the time you resided with the opposing party, did you pool resources or services for joint projects with the opposing party? YES or NO. If yes, state:

Purpose for each joint project:	
Start date for each project:	
End date of each project:	
Resources/services that were pooled:	

OTHER:

ANSWERING PARTY TO COMPLETE:

I certify and declare under penalty of perjury under the laws of the State of Washington that I have completed the above responses, know the contents thereof, and believe the same to be true. Except where I have specifically objected, I have provided true, correct, and complete copies or originals of all requested documents in my possession or control and all documents to which I have access.

The responses and objections comply with the requirements imposed by the Civil Rules and the local rules:

DATED: _____ CITY WHERE SIGNED: _____

Answering Party

Lawyer for Answering Party (Bar # _____)