

CHANGE IN CIRCUMSTANCES AFFECTING ALIMONY OR CHILD SUPPORT

CHANGE AFFECTING PARTY MAKING PAYMENTS

Death of Payor.

1. Please state the circumstances of the death of the defendant's decedent, indicating:
 - a. The date,
 - b. The place,
 - c. The circumstances and conditions causing the death,
 - d. The cause or causes of death, together with any background conditions causing or contributing to the death,
 - e. If the cause of the death was not due to natural causes, state the specific cause, such as trauma, illness, disease or otherwise.
2. Please state as to the value of the estate of the defendant's decedent:
 - a. The total taxable value of the estate,
 - b. The value of all nontaxable assets of the estate,
 - c. The name and address of each estate appraiser who valued any part of the estate,
 - d. The date and identification of each appraisal made, and
 - e. Attached a copy of each such appraisal or state when and where the original of each appraisal maybe examined by counsel.
3. Please give an itemized description and value of each separate asset of the decedent's estate, including but not limited to:
 - a. Real property,
 - b. Personal property,
 - c. Financial instruments or interests, and
 - d. Powers, whether exercised or not.
4. Please describe and give the fair market value of each item of real property of the decedent's estate, including:
 - a. A description of each item of real property,
 - b. The fair market value as of the date of the decedent's death of each item of real property,
 - c. A description of how the ownership of each item of real property with decedent's estate was held, whether as sole proprietor, joint tenants or otherwise,
 - d. An identification of the ownership names and titles, and
 - e. The location of each item of real estate.
5. Please describe, give the fair market value after the date of death, and the location of each item of personal property of the decedent's estate, including but not limited to:
 - a. Motor or other vehicles,
 - b. Antiques,

- c. Jewelry,
 - d. Furniture,
 - e. Clothing, and
 - f. Other personal property.
6. Please describe, give the fair market value at the date of death and the location of each item known as financial instruments or interests, including but not limited to:
 - a. Stocks, bonds and certificates of deposit,
 - b. Bank or credit union accounts,
 - c. Notes held by or debts owed to the decedent, and
 - d. Cash.
7. Please describe, give the fair market value at the date of death and the location of each power, whether exercised or not, including but not limited to:
 - a. Each general power of attorney, and
 - b. Each special power of attorney.
8. If the decedent died testate, i.e., with a will, please state as to the estate:
 - a. The name and address of each fiduciary, whether executor, administrator with the will annexed or otherwise,
 - b. The name and address of each devisee and legatee,
 - c. A description of each devise and legacy and its fair market value as of the date of death,
 - d. The legal or other relationship of each devisee and legatee to the decedent, and
 - e. If a trust was involved, state the terms and provisions of the dispositive sections of the trust and give the name and address of each trustee.
9. If the decedent died testate, i.e., with a will, please attach a copy of each probate instrument, including each will, trust or other instrument or state where and when each such instrument can be examined by counsel.
10. If the decedent died intestate, i.e., without a will, please state as to the decedent's intestate estate:
 - a. The name and address of each fiduciary whether administrator or otherwise,
 - b. The name and address of each heir at law or next of kin,
 - c. The name and address of each interested party as identified by the probate or family court,
 - d. The distribution or proposed distribution in detail as to the disposition of all assets of the estate, and
 - e. The legal or other relationship to the decedent of each person benefitting under the intestacy.

11. If the decedent's death caused any life insurance policy to transfer any money or other financial benefit, please state as to each such life insurance policy:
 - a. Identify each life insurance policy by date, number, insurer, insured, beneficiary and the details of any distribution,
 - b. The name and address of each payee of each such life insurance,
 - c. The date and amount of each payment by the insurer to each beneficiary, and
 - d. The legal or other relationship between each beneficiary and the decedent.

12. If the decedent's death caused any payment or transfer of any money or other financial benefit from any pension or other retirement or deferred benefit which was arranged for or contributed to by the decedent or the decedent's employer or which was an asset of the decedent's estate, please state as to each such pension or other retirement or deferred benefit:
 - a. Identify each financial instrument or document involved in any such pension or other retirement benefit, and either attach a copy or state where the original may be examined by counsel,
 - b. The name and address of each payor, trustee or other institution,
 - c. The name and address of each payee, indicating any legal or other relationship between each such payee and the decedent,
 - d. Each date when each such payee was made or designated as a beneficiary,
 - e. The reason or explanation why each such payee was made or designated as a beneficiary, and
 - f. The date and amount of each payment made to each such beneficiary,
 - g. A description of the expected future payments to be made to each such beneficiary.

Period of Defendant Payor's Unemployability.

1. During the period of time when the defendant made financial payments to or for the benefit of the plaintiff, was there ever a time when the defendant was unemployed?
2. If the answer to the preceding interrogatory is in the affirmative, please state for each time period of the defendant's unemployment:
 - a. The inclusive dates of each period of unemployment including each date when such employment began and ended,
 - b. The name and address of each employer,
 - c. A description of the job or position lost,
 - d. The total amount of salary or wages lost during each such period of unemployment,
 - e. The annual, monthly, weekly or hourly rate of salary or wages lost, and
 - f. Each reason for each unemployment, whether the defendant was terminated, fired, laid off, reassigned, became ill, voluntarily resigned, quit or otherwise.

3. After each period of unemployment referred to in response to the answer to the preceding interrogatory, please state whether the defendant made or undertook any effort to find other employment?

4. If your answer to the preceding interrogatory is in the affirmative, please state as to each effort made or undertaken by the defendant to find other employment:
 - a. A description of each such effort,
 - b. The name and address of each potential employer contacted,
 - c. The use, if any, made of any employment agency, giving the name and address of each,
 - d. The use, if any, made of any head hunter or employment specialist, giving the name and address of each,
 - e. The use, if any, of newspapers or other published media, giving the name and address of each,
 - f. The use, if any, of trade or professional magazines or periodicals, giving the name and address of each, and
 - g. Other efforts to find employment, identifying each by name and address.
5. If, after any period of unemployment, the defendant spent time seeking employment, please state as to such time:
 - a. The amount of time spent on a daily or weekly basis, and
 - b. The way such time was spent, whether reviewing advertisements, calling contacts about employment, attending interviews or other.
6. If, after any period of unemployment, the defendant tried to obtain employment, please describe as to the kinds and types of employment considered by the defendant:
 - a. A description of each kind and type of employment,
 - b. Each trade or profession,
 - c. Employment related to previous employment,
 - d. A temporary position or job,
 - e. Part-time employment, and
 - f. Other employment.
7. If, after any period of unemployment, the defendant was offered employment but declined to accept the offered employment, please state:
 - a. A description of each offer of employment received, including hours, pay and name and address of offeror,
 - b. Each reason why each offer was declined, and
 - c. Each attempt made to negotiate a better offer.
8. If as a result of any period of unemployment any payment by the defendant to the plaintiff diminished, decreased or ceased, please state:
 - a. The effect which such period of unemployment had on any payment by the defendant to the plaintiff,
 - b. Whether and to what extent payments were delayed, and
 - c. The present total amount in arrears as to each such payment.

9. If as a result of any period of unemployment, the various benefits provided by the defendant to the plaintiff diminished, decreased or ceased, please describe the effect of such unemployment on the defendant's providing such benefits:
- a. Health insurance,
 - b. Tuition payments,
 - c. Life insurance premiums,
 - d. Mortgage payments, and
 - e. Other benefits.

Defendant Payor's Disability.

1. During the conjugal relationship between the plaintiff and the defendant, did the defendant have any disability resulting in any loss of time from employment?
2. If your answer to the preceding interrogatory is in the affirmative, please state:
 - a. A description of each such disability,
 - b. The nature, extent and severity of each such disability,
 - c. The inclusive dates of each such disability, including the approximate date when each such disability began and ended,
 - d. The cause or reason for each such disability,
 - e. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - f. The effect and result of each such disability on the defendant's ability to obtain and keep employment,
 - g. The effect and result of each such disability on the defendant's ability to make and keep money, and
 - h. The cost, both financially and otherwise, of each such disability.
3. If the defendant had any disability condition related to paralysis during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
 - a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
4. If the defendant had any disability condition related to degenerative disease during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
 - a. A description of each such disability,

- b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
5. If the defendant had any disability condition related to cancer during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
 - a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
6. If the defendant had any disability condition involving any birth-related problem during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
 - a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
7. If the defendant had any disability condition related to hearing during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
 - a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,

- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
8. If the defendant had any disability condition related to eyesight during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
- a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
9. If the defendant had any disability condition related to speech during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
- a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,
 - f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
 - g. The effect and result of each such disability on the defendant's ability to earn or make money, and
 - h. The cost, both financially and otherwise, of each such disability.
10. If the defendant had any disability condition related to alcohol substance abuse during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:
- a. A description of each such disability,
 - b. The part or parts of the defendant's body affected,
 - c. The nature, extent and severity of any such disability,
 - d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
 - e. The cause or reason for each such disability,

- f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

11. If the defendant had any disability condition related to drug substance abuse during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:

- a. A description of each such disability,
- b. The part or parts of the defendant's body affected,
- c. The nature, extent and severity of any such disability,
- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
- e. The cause or reason for each such disability,
- f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

12. If the defendant had any disability condition related to any psychotic disorder during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:

- a. A description of each such disability,
- b. The part or parts of the defendant's body affected,
- c. The nature, extent and severity of any such disability,
- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
- e. The cause or reason for each such disability,
- f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

13. If the defendant had any disability condition related to any depressive condition during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:

- a. A description of each such disability,
- b. The part or parts of the defendant's body affected,
- c. The nature, extent and severity of any such disability,
- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
- e. The cause or reason for each such disability,
- f. The effect and result of each such disability on the conjugal relationship between

- the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

14. If the defendant had any disability condition related to any stress disorder during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:

- a. A description of each such disability,
- b. The part or parts of the defendant's body affected,
- c. The nature, extent and severity of any such disability,
- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
- e. The cause or reason for each such disability,
- f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

15. If the defendant had any disability condition related to any nervous breakdown during the conjugal relationship between the plaintiff and the defendant, please state as to any such disability:

- a. A description of each such disability,
- b. The part or parts of the defendant's body affected,
- c. The nature, extent and severity of any such disability,
- d. The inclusive dates of any such disability including the approximate date when any such disability began and ended,
- e. The cause or reason for each such disability,
- f. The effect and result of each such disability on the conjugal relationship between the plaintiff and the defendant,
- g. The effect and result of each such disability on the defendant's ability to earn or make money, and
- h. The cost, both financially and otherwise, of each such disability.

16. During the conjugal relationship between the plaintiff and the defendant, did the defendant have any health care related diagnosis or treatment for any disability which resulted in any loss of time during employment?

17. If your answer to the preceding interrogatory is in the affirmative, please state as to any such diagnosis or treatment:

- a. A description of each diagnosis and treatment,
- b. The signs and symptoms which the defendant had at the time of each such diagnosis,
- c. The nature, extent, form and frequency of each such treatment,
- d. The name and address of each health care professional making any such diagnosis or giving any such treatment,

- e. The inclusive dates of the duration of any such treatment, indicating the approximate dates of the starting and completion of any such treatment,
 - f. The date of each diagnosis, identifying the illness, disease or condition causing each such disability, and
 - g. The prognosis, expected duration, expected progression and outcome of any such diagnosed or treated illness, disease or condition causing each such disability.
18. If, during the conjugal relationship between the plaintiff and the defendant, the defendant had any illness, disease, disability or condition which resulted in any loss of time from employment, please state the effect or result of any such illness, disease, disability or condition on each of the following daily living activities of the defendant:
 - a. Personal care of self,
 - b. Food preparation,
 - c. Shopping,
 - d. Driving, and
 - e. Ability to take public transportation.
19. If, during the conjugal relationship between the plaintiff and the defendant, the defendant had any illness, disease, disability or condition which resulted in any loss of time from employment, please state whether and to what extent any of the following treatment or therapeutic aids were required to facilitate the defendant's daily activities:
 - a. Wheelchair or other mobility aid,
 - b. Prosthetic device,
 - c. Hearing aid,
 - d. Seeing eye dog or other pet trained to provide assistance,
 - e. Physical therapy, and
 - f. Occupational therapy.
20. If the defendant currently has any illness, disease, disability or condition which limits or restricts the defendant's current activities, please state:
 - a. A description of each of the activities of daily living that the defendant can perform without assistance,
 - b. A description of each of the activities of daily living that the defendant cannot perform at all or without assistance,
 - c. A description of the assistance required to allow the defendant to perform various activities of daily living, and
 - d. A description of the defendant's typical daily activities, indicating each limitation or inability to perform.
21. If the defendant currently has any illness, disease, disability or condition which limits or restricts the defendant's current work related activities, please describe the defendant's ability or inability to perform essential work related activities, including but without limitation, the following:
 - a. Operate heavy equipment or machinery,
 - b. Drive commercial vehicles,

- c. Operate office equipment or computers,
- d. Clerical work,
- e. Retail work,
- f. Sales work,
- g. Manual labor,
- h. Professional work, and
- i. Other work.

22. If the defendant currently has any illness, disease, disability or condition which limits or restricts the defendant's current work related activities, please describe the defendant's ability or inability to perform essential work related activities approximately six months before beginning of the defendant's current period of any limitation, restriction or disability, including but without limitation, the following:

- a. Operate heavy equipment or machinery,
- b. Drive commercial vehicles,
- c. Operate office equipment or computers,
- d. Clerical work,
- e. Retail work,
- f. Sales work,
- g. Manual labor,
- h. Professional work, and
- i. Other work.

23. If the defendant currently has any illness, disease, disability or condition which adversely or negatively affects the defendant's employment, please state the effect on all aspects of the defendant's employment, including but without limitation, the following:

- a. Loss of job or position,
- b. Lost time from work in the preceding year, identifying the date and reason for each absence, and
- c. Any change in job or position required, indicating the effect on pay and employment.

24. If the defendant currently has any illness, disease, disability or condition which adversely or negatively affects the defendant's cost of self support, please state the adverse or negative financial effect on the defendant of any such illness, disease, disability or condition, including but without limitation, the following:

- a. Increased cost for medical care and therapy,
- b. Increased cost for medicine,
- c. Cost for physical aids,
- d. Lost income, and
- e. Higher insurance costs.