

Unliquidated Claims.

1. Please list all pending, but unliquidated claims in which you may possess an interest, including:
 - a. Tax refunds,
 - b. Claims for damages,
 - c. Counterclaims for damages,
 - d. Rights to set off claims,
 - e. Promissory notes held,
 - f. Debts owed to you, but undocumented.
2. Please identify the names and addresses of those who owe you money or other forms of value, but remain unliquidated.
3. Please explain why notes owed to you, documented and undocumented, have not been satisfied?
4. Please list all potential or inchoate claims that you may possess, including:
 - a. Resolution of tax dispute,
 - b. Claims for damages,
 - c. Counterclaims for damages,
 - d. Rights to set off claims.

Miscellaneous Assets.

1. Please state whether you have received or been eligible to receive any lottery winnings, the amount, date, and source.
2. Please identify all security deposits with landlords and security deposits with telephone companies, public utilities, and others.
3. Please identify any rights you may have to cemetery plots or deeded parking spaces.
4. Please provide all information regarding any options to acquire or lease property that you currently hold, including the terms of the option, the property involved and the amount paid for the option.
5. Please identify all season tickets, boxes or tables to sporting and cultural events that you hold or have held during the relevant time period.
6. Please identify any other asset or potential source of value that has not been previously identified, including:
 - a. The form of ownership you hold in each asset,
 - b. The percentage of total owned,
 - c. The purpose of ownership,
 - d. How the asset was acquired,
 - e. Where the asset is currently used/stored,
 - f. Price paid, current value, and estimated potential value,
 - g. Whether you consider these assets to be your separate property,
 - h. The facts upon which your conclusion is based,
 - i. A description of any attached liabilities.

Home Equity Loans and Mortgages.

1. Please list all mortgage and home equity loans and the associated property that you have taken or assumed during the relevant time period.
2. Please state the name and address of all each borrower(s) named on each loans or mortgages.
3. Please state the name and address of each lender(s).
4. Please provide the date the loan(s) was issued.
5. Please state the amount of each loan(s) and the amount outstanding.
6. Please state the purpose of each loan(s).
7. Please describe the terms of each loan, including the interest percentage and fees charged, the amount and frequency of payments, and the maturity date(s).
8. Please list all loans or mortgages that you have paid in full during the relevant time period.

Personal Loans.

1. Please list all personal loans you have taken during the relevant time period.
2. Please state the name and address of all each borrower(s) named on each loan.
3. Please state the name and address of each lender(s).
4. Please provide the date the loan(s) was issued.
5. Please state the amount of each loan(s) and the amount outstanding.
6. Please state the purpose of each loan(s).
7. Please describe the terms of each loan, including the interest percentage and fees charged, the amount and frequency of payments, and the maturity date(s).
8. Please describe the security for each loan.
9. Please list all loans that you have paid in full during the relevant time period.

Credit Card Liabilities.

1. Please list each credit card that you hold, including gas, retail, bank and travel-related cards.
2. Please provide the names of all authorized credit card users on each card.
3. Please describe the type and account number of each credit card.
4. Please provide the date(s) opened, the cards' credit limit(s), and the interest percentage and fees charged.
5. Please provide the current balance for each card and indicate when the next payment is due.
6. Please indicate the amount paid during the relevant time period for late charges for each card.
7. Please identify all credit cards that have been revoked or canceled, including the date and the amount owed at the time revoked.
8. Please indicate whether a credit card application was ever refused and provide the name of refusing credit card provider and the date and reason for refusal.

Lines of Credit.

1. Please list all commercial, credit unions or brokerage house lines of credit that you have or have had during the relevant time period.

2. Please provide the names of all individuals on any of the credit lines listed in the preceding interrogatory in addition to yourself.
3. Please indicate the name and address of lender(s), the account number(s), and the date(s) opened.
4. Please state the limit for each credit lines.
5. Please state the current balance(s) of each credit line.
6. Please indicate the terms for each line of credit, including the interest rate, associated fees, and when payments are due.
7. Please indicate the amount paid during the relevant time period for late charges for each line of credit.
8. Please state whether you have had any credit lines revoked or refused, including:
 - a. The reasons for revocation or refusal,
 - b. The date(s),
 - c. The name of revoking or refusing lender.

Student Loans.

1. Please identify any student loans that you have outstanding.
2. Please state the name and address of each lender and the account number.
3. Please identify the date you obtained each loan.
4. Please identify the current balance of each loan.
5. Please provide the terms for each loan, including the interest percentage and fees charged, when payments are due, and penalties of late payments.
6. Please provide the maturity date for each loan.
7. Please indicate whether you have ever been late in making a payment and the circumstances and reason for each late payment.

Alimony and Support Payments Owed.

1. Please indicate whether you are under any current or were under any obligation to provide alimony or support during the relevant time period.
2. Please state the name(s) and addressees of each person to whom you paid alimony or support and their relationship to you.
3. Please identify the court(s) ordering each payment and the date of each such order.
4. Please indicate the amounts of each payment and whether payments are due weekly or monthly.
5. Please indicate if you have had any difficulty in making any of these payments or if there are amounts in arrearage or outstanding or if you have been delinquent in the past. For any delinquent payment, please indicate the amounts in arrearage at each time and the reason for such arrearage.
6. Please indicate if there is a termination date for each such alimony and support payments, and if so, indicate each such date.

Miscellaneous Personal Debts.

1. Please indicate any other debt or liability for which you are personally responsible and which you have not previously disclosed, including other debts owed (lawsuits pending/lost, damages owed, medical debts, gambling debts, and any other personal debts).
2. Please identify the name and address of any codebtors or individuals with whom you share joint and several liability.
3. Please provide the name and address of each creditor and a description of all debts owed to each creditor.
4. Please state the amount(s) of each debt outstanding at this time.
5. Please identify each amount that has been delinquent or in arrearage and the reasons for such arrearage.
6. Please state the fees and percentage interest charged and any other penalties imposed as a result of delinquency or arrearage.
7. Please provide the terms for all such debt instruments.

Business Debts and Obligations.

1. Please provide information about any business debts, whether from your sole proprietorship, partnership and corporate business endeavors, including:
 - a. The name of the business,
 - b. The address and location(s) of business,
 - c. The type of business,
 - d. The name and address of all owners,
 - e. The name of all borrowers and a description of all business debts owed.
2. Please indicate the terms of each debt, including:
 - a. The amounts outstanding to each creditor,
 - b. The interest rate,
 - c. The amount due weekly/monthly/annually,
 - d. The maturity date.
3. Please indicate the reasons for each indebtedness.
4. Please provide the names and addresses of all creditors for your sole proprietorship debts and obligations, including:
 - a. Vendors,
 - b. Suppliers,
 - c. Banks and lending institutions,
 - d. Utility companies,
 - e. Payroll accounts,
 - f. Service providers,
 - g. Taxing agencies,
 - h. Lessors/landlords,
 - i. Any others.

5. Please indicate the security for each debt or obligation.
6. Please indicate whether you have defaulted on any such debt or obligation during the relevant time period and if so state the amount and consequences of each such default.
7. If your answer to the preceding interrogatory is in the affirmative, please indicate the reason for each such default.

Bankruptcy Status.

1. Please provide information about any bankruptcy filing you have made, including:
 - a. The name and address of the person or business entity filing for bankruptcy,
 - b. The name and address of the court where the filing was made,
 - c. The name of the judge hearing the matter,
 - d. The name and address of the attorney(ies) involved in your filing.
2. Please state the name and description of chapter(s) filed, including:
 - a. Personal bankruptcy filing,
 - b. Business bankruptcy filing.
3. Please state whether it was a voluntary or involuntary filing.
4. Please provide information on the current status of your filing, including:
 - a. The date of filing,
 - b. The date of hearing(s),
 - c. A description of the rulings to date,
 - d. Judicial liens granted,
 - e. Whether a bankruptcy trustee has been appointed and if so, the name and address of the trustee,
 - f. A projected timetable for the resolution of the filing,
 - g. The expected resolution of the filing.
5. Please provide a description of all property included in the bankruptcy estate for distribution, including:
 - a. A list of property included in estate,
 - b. The value of property included in estate.
6. Please provide a description of all property exempted from the bankruptcy estate for distribution, including:
 - a. A list of property excluded from estate,
 - b. The value of property excluded from estate,
 - c. The reason for exempting the property.

Bankruptcy Creditor Information.

1. Please provide information on all secured creditors and your indebtedness, including:
 - a. The names and addresses of each creditor,

- b. The amount outstanding to each creditor,
- c. The date the debt was incurred,
- d. The reason the debt was incurred,
- e. A description of the collateral securing debt,
- f. The total amount of your secured indebtedness.

2. Please provide information on all unsecured creditors and your indebtedness, including:

- a. The names and addresses of each creditor,
- b. The amount outstanding to each creditor,
- c. The date the debt was incurred,
- d. The reason the debt was incurred,
- e. The total amount of your unsecured indebtedness.

Bankruptcy Effect on Alimony and Child Support.

1. Please give a description of the impact of any bankruptcy ruling on any existing alimony agreement, including:

- a. Whether a reduction of payments was ordered,
- b. Whether an elimination of payments was ordered.

2. Please give a description of the impact of any bankruptcy ruling on any existing child support agreement, including:

- a. Whether a reduction of payments was ordered,
- b. Whether an elimination of payments was ordered.

3. Please give a description of all automatic stays on pending support proceedings, including:

- a. When the stay was granted,
- b. The name and address of the court granting any stay,
- c. The name of the judge granting the stay.

Household Expenses.

1. Please provide a description of the nature and amount of fixed expenses, including:

- a. Mortgage or rent,
- b. Homeowners/renters insurance,
- c. Car payment(s),
- d. Car insurance,
- e. Heat payment plans,
- f. Medical insurance payments,
- g. Life insurance payments,
- h. Personal loan payments,
- i. Student loan payments,

- j. Alimony/child support payments,
 - k. Cable television payments,
 - l. Newspaper and magazine subscriptions,
 - m. Tuition payments,
 - n. Child care payments,
 - o. Church payments,
 - p. Club/association/gym dues,
 - q. Parking fees,
 - r. Home cleaning expenses,
 - s. Other fixed expenses.
2. Please provide the annual cost and a description of each fixed expense's payment plan.
 3. Please give the name and address of each creditor.
 4. Please give the amount in arrears and outstanding on each fixed expense.
 5. Please provide a description of the nature and amount of any variable expenses, including:
 - a. Credit card payments,
 - b. Food,
 - c. Clothing,
 - d. Laundry/dry cleaning costs,
 - e. Doctor/therapist expenses,
 - f. Dental expenses,
 - g. Child care expenses,
 - h. Automobile repairs,
 - i. Household repairs,
 - j. Household appliance repairs,
 - k. Home cleaning expenses,
 - l. Yard and garden care,
 - m. Snow removal costs,
 - n. Swimming pool expenses,
 - o. Gasoline for automobiles, lawnmowers, and boats,
 - p. Entertainment/vacations,
 - q. Personal hygiene products,
 - r. Prescription and over-the-counter drugs,
 - s. Eyeglasses and contact lenses,
 - t. Gifts,
 - u. Charitable donations,
 - v. Church donations,
 - w. Parking fees,
 - x. Club/association/gym dues and charges,
 - y. Other variable expenses.
 6. Please provide information on the nature and amount of any telephone costs, including basic service, long distance service, and cellular service.
 7. Please provide information on the nature and amount of any utilities payments, including electric, natural gas, heating oil, and propane gas.

Educational Expenses.

1. Please indicate any tuition that you pay in whole or in part.
2. Please state the name and address of each person for which tuition expenses are paid.
3. Please provide information on the nature and amount of any school tuition that you pay, including:
 - a. The amount paid for each person,
 - b. The school who receives each such payment,
4. Please provide information on the nature and amount of any school-related expenses that you pay, including:
 - a. The amount spent on books and supplies,
 - b. The amount spent on housing,
 - c. The amount spent on transportation,
 - d. The amount spent on uniforms.
5. Please describe the course of study pursued and the estimated completion date for each student supported.
6. Please provide information on the other costs of attendance, including:
 - a. Fees,
 - b. Athletic activities,
 - c. Extracurricular activity expenses.
7. Please give information on any scholarships/grants as a source of funds to meet educational needs, including:
 - a. The name of the recipient,
 - b. The amount of the award,
 - c. The duration and eligibility restrictions of the award.
8. Please give information on any work-study/part-time jobs as a source of funds to meet educational needs, including:
 - a. The name of the student employee,
 - b. The amount earned per semester/year.
9. Please give information on any gifts used as a source of funds to meet educational needs, including:
 - a. The name of donor and amount of gift,
 - b. The donor's relationship to student.

Medical and Dental Expenses.

1. Please provide information about all of your medical expenses, including:

- a. The names of physicians/other health care professionals,
 - b. The names of the patients,
 - c. The treatments received,
 - d. The fees/charges for treatment,
 - e. Amount(s) owed (outstanding balance and the age and amount of arrearage),
 - f. A description of the payment plans.
2. Please give a description of medical insurance coverage for treatment, including:
- a. What treatment is covered,
 - b. The amount of employee contribution,
 - c. The percentage of fee covered.
3. Please provide information about all of your dental expenses, including:
- a. The names of the dental physicians,
 - b. The names of the patients,
 - c. The treatments received,
 - d. The fees/charges for treatment,
 - e. Amount(s) owed (outstanding balance and the age and amount of arrearage),
 - f. A description of the payment plan.
4. Please give a description of dental insurance coverage for treatment, including:
- a. What treatment is covered,
 - b. The amount of employee contribution,
 - c. The percentage of fee covered.
- Clothing Expenses.
1. Please provide information about all of your uniform expenses, including the cost and type of uniform required and the annual costs of uniforms.
2. Please provide information on the type and cost of other business clothing required, including:
- a. Suits,
 - b. Shirts/blouses,
 - c. Ties,
 - d. Shoes,
 - e. Jackets,
 - f. Slacks,
 - g. Dresses,
 - h. Skirts,
 - i. Outerwear.
3. Please state the annual costs of business clothing and describe the type of clothing required.
4. Please provide information about all of your formal clothing expenses, including your reason for needing formal clothing.

5. Please provide information on the type and cost of formal clothing required, including:
- Tuxedos,
 - Gowns,
 - Furs,
 - Jewelry,
 - Accessories.

6. Please provide information about casual clothing and sports clothing expenses, including:

- A description of casual clothing owned,
- Your need for sports clothing,
- The costs of items owned,
- The annual cost of casual clothing.

Entertainment and Travel Expenses.

- Please give a description of your entertainment expenses.
- Please state the amount of your monthly/annual home entertaining expenses, including:

- Social entertaining,
- Business entertaining.

- Please state the amount you spend monthly/annually at:

- Restaurants,
- Hotels/resorts,
- Nightclubs/bars,
- Clubs/associations,
- Movies,
- Theater,
- Concerts,
- Amusement parks,
- Museums,
- Athletic events.

- Please state the amount of your monthly/annual babysitting expenses.
- Please provide information about your business travel expenses, including:

- A description of the nature and frequency of travel,
- The means of transportation you use,
- The monthly/annual cost of travel,
- The amount reimbursed by your employer.

- Please provide information about your personal travel, including:

- A description of the nature and frequency of travel,
- The means of transportation you use,

c. The monthly/annual cost of travel.

Charitable and Political Expenses.

1. Please provide information about all of your charitable contributions, including:

- a. The name, address and purpose of each charity donated to,
- b. The amount donated this year,
- c. The amounts of past donations,
- d. A description of all nonmonetary donations,
- e. The reason for donation,
- f. The amount/type of future donations you anticipate making.

2. Please provide information about all of your religious/church donations, including:

- a. Name and address of institutions/churches donated to,
- b. The amount donated this year,
- c. The amount of past donations,
- d. A description of nonmonetary donations,
- e. The amount/type of future donations you anticipate making.

3. Please provide information about all of your political contributions, including:

- a. The name and address of political candidates/parties donated to,
- b. The amount donated this year,
- c. The amounts of past donations,
- d. A description of all nonmonetary donations,
- e. The reason for donations,
- f. The amount/type of future donations you anticipate making.

4. Please give a description of all other charitable contributions which you claimed on your federal tax return, including:

- a. The name and address of the charity,
- b. The amount donated this year,
- c. The amount of past donations,
- d. A description of all nonmonetary donations,
- e. The reason for donations,
- f. The amount/type of future donations you anticipate making.

Other Personal Expenses.

1. Please provide information about the amount you spend monthly/annually on health and beauty expenses, including:

- a. Hair and nail care specialists,
- b. Hair loss specialists,
- c. Hair removal specialists,
- d. Personal trainer,

- e. Meditation/yoga specialists,
- f. Massage therapists,
- g. Skin care specialists,
- h. Weight loss specialists,
- i. Nutritionists,
- j. Drug and alcohol treatment specialists,
- k. Smoke-ending specialists,
- l. Acupuncturists.

2. Please provide information about the amount spent monthly/annually on your personal mental health expenses, including:

- a. Psychiatrists,
- b. Psychologists,
- c. Spiritualists/psychics,
- d. Astrologists,
- e. Channellers,
- f. Numerologists,
- g. Palm readers,
- h. Hypnotists.

3. Please provide information about the amount spent monthly/annually on your personal services expenses, including:

- a. Interior decorators,
- b. Florists,
- c. Personal shopper,
- d. Answering service,
- e. Home cleaning services,
- f. Tutors,
- g. Music instructors,
- h. Attorneys,
- i. Accountants,
- j. Bookkeepers.

4. Please provide information about all other personal expenses, including:

- a. A description of all personal expenses,
- b. The amount spent monthly/annually on all other expenses named.

Cohabitation with Unmarried Partner or Significant Other.

1. Have you, within the past three years, lived with or cohabited with any unmarried partner, companion or significant other?

2. If your answer to the preceding interrogatory is in the affirmative, please state as to each such unmarried partner, companion or significant other:

- a. Full name and address,

- b. Physical description, including gender, height, weight, color of eyes, color of hair, and other identifying features,
 - c. Business or profession, if any
 - d. Name and address of any current employer,
 - e. Any current job title and duties.
3. If any such unmarried partner, companion or significant other is currently unemployed or not working, please state:
 - a. The starting date of such current unemployment,
 - b. The name and address of the most recent employer,
 - c. A description of the most recent employment, including job titles, duties and responsibilities,
 - d. All reasons for the termination of the most recent employment,
 - e. Whether any unemployment benefits are being received,
 - f. The amounts of any unemployment benefits received, on a weekly, monthly or annual basis,
 - g. The name and address of the entity paying any unemployment benefits,
 - h. The expected duration of the period of receipt of any unemployment benefits.
4. For each unmarried partner, companion or significant other referred to in the preceding interrogatories, please describe every such source of income in detail including income from any of the following:
 - a. Welfare benefits,
 - b. Aid to Families with Dependent Children,
 - c. Social Security benefits,
 - d. Disability benefits,
 - e. Retirement benefits,
 - f. Investment income,
 - g. Spousal support,
 - h. Employment income.
5. Please state as to each such income from any unmarried partner, companion, or significant other described in response to the preceding interrogatory:
 - a. The source of the income,
 - b. The amount received, on a weekly, monthly or annual basis.
6. If, within the past three years, you have lived with or cohabited with any unmarried partner, companion or significant other, please state:
 - a. The nature and extent of your relationship with such person,
 - b. Whether such relationship is familial,
 - c. Whether such relationship is platonic,
 - d. Whether such relationship is sexually intimate.

7. If there are any children who, within the past three years, have been living with you and any unmarried partner, companion or significant other, referred to in the preceding interrogatory, please give the following information:
- a. The name of each child,
 - b. The name and address of each parent of each child,
 - c. The age of each child,
 - d. The sex of each child,
 - e. The race of each child,
 - f. The name and address of any school attended by each child,
 - g. The sleeping arrangements for each child,
 - h. The child care arrangements for each child.
8. With regard to the duration of any cohabitation which you have had with each unmarried partner, companion or significant other within the past three years, please state:
- a. The dates when such cohabitation began,
 - b. The date of termination of any such cohabitation, if any,
 - c. The reasons for termination of any such cohabitation,
 - d. Whether such cohabitation is continuing,
 - e. Each address of such cohabitation.
9. With regard to any current cohabitation which you have with any unmarried partner, companion or significant other, please describe the place of such cohabitation, including:
- a. Your current home address,
 - b. The name and address of each owner of your current home,
 - c. If your home is rented property, give the name and address of the owner and the terms of the rental arrangement including the amount of any rental payment.