

FORM 68-H

IN THE CIRCUIT COURT OF _____, MISSOURI
AT _____, MISSOURI

_____,)
)
 Petitioner,)
)
 v.) Case No. _____
)
 _____,)
)
 Respondent.)

**PETITIONER/RESPONDENT'S FIRST INTERROGATORIES AND REQUESTS TO
PRODUCE
DIRECTED TO PETITIONER/RESPONDENT, _____**

Comes now Petitioner/Respondent, _____, by and through counsel,
and directs the following Interrogatories to be answered under oath by the Petitioner/Respondent,
_____, in accordance with Rule 57 of the Missouri Rules of Civil Procedure.
Also pursuant to Rule 58.01, you are requested to attach photocopies of all documents requested
to be produced herein. You are further requested, if applicable, to complete and execute the
Authorizations attached.

In answering these Interrogatories and Requests to Produce, all information is to be
divulged which is possessed by or available to you, your employers, investigators, agents,
employees, insurers, or others employed by or acting on your behalf.

These Interrogatories and Motion to Produce are intended to be of a continuing nature,
requiring you to serve timely supplemental answers setting forth any information within the scope
of these Interrogatories which may be acquired by you, your attorneys, your investigators, agents,
employees, insurers, or others employed by or acting on your behalf.

DIRECTIONS

Please insert your typewritten answers in the spaces provided. If the space allocated is insufficient, please attach a separate sheet, clearly indicating on such sheet the Interrogatory which you are answering.

1. Provide the following background information:
 - a. Your full name and any other name(s) you have been known by;
 - b. Your date of birth and social security number; and
 - c. Your residential address and the name and your relationship to each person residing with you.

ANSWER:

2. Are you currently employed, or have you ever previously been employed? If yes, please state the following for each:

- a. The name, address and telephone number for your current employer(s) and for each previous employer for the last five (5) years;
- b. Describe your position and the nature of your duties for each;
- c. The length of employment and the inclusive dates you were employed at each; and reason for termination for each;
- d. For your current employer(s) state the usual hours and days worked, average monthly gross wages or salary, and the amount of overtime worked;
- e. For your current employer describe any other benefits in detail, including but not limited to insurance, retirement, profit sharing, sick leave etc.; and
- f. Pursuant to Rule 58.01 attach copies of your six (6) most recent paycheck stubs for your current employer(s); execute the attached Authorization for Release of Confidential Information.

ANSWER:

3. If you are not presently employed, state when your last employment was terminated and the reason for termination. Pursuant to Rule 58.01 complete and execute the attached Authorization for Release of Confidential Information.

ANSWER:

4. Do you contend that you are unable to work and support yourself, and if so, state in detail all reasons known to you why you would not be able to obtain gainful employment? Pursuant to Rule 58.01 complete and execute the attached Authorization for Release of Confidential Information.

ANSWER:

5. If your answer to the previous interrogatories indicates any medical reasons for not being able to obtain gainful employment, please list the names and addresses of any and all physicians, or practitioners of the healing arts, who have advised you that you were not able to work and state in detail the nature of any illness, disease or disability that said physician attributed as the reason for you not being able to obtain or perform gainful employment. Pursuant to Rule 58.01 complete and execute the attached HIPAA Authorization Form; execute Authorization for Release of Confidential Information.

ANSWER:

6. If not otherwise listed above, state in detail each and every other source of income you currently receive, including the following:

- a. The gross monthly amount;
- b. The name, address and telephone number of each source of said income;
- c. When said income began;
- d. If said income is scheduled to terminate, and if so, when and why; and
- e. Pursuant to Rule 58.01 attach photocopies of the four (4) most recent statements evidencing such income and complete and execute the attached Authorization to Release Confidential Information.

ANSWER:

7. Describe in detail all real estate in which you have a legal or equitable interest, giving the following details for each tract:

- a. The legal description of the property, street address and the name(s) of each deed owner;
- b. Describe any structure or improvements located thereon and the fair market value thereof ;
- c. Describe any liens or encumbrances against the property, including the name and address of lender, present pay-off, the amount of the monthly payment, the number of monthly payments remaining and the total arrearage now due and owing;
- d. The percentage interest you claim in the property and the date you acquired your interest in said property; and
- e. If you claim the real estate is your separate property, pursuant to Rule 58.01, provide a photocopy of the instrument of conveyance or Deed under which you obtained your interest; also, any Note and Deed of Trust which is a lien on said property; records of any mortgage payments made during the

marriage including canceled checks, receipts, payment book, etc.

ANSWER:

8. Within the last year, have you sold, assigned, or conveyed any legal or equitable interest in any real or personal property? If yes, state the following for each:
- a. The legal description of any such real property;
 - b. The name and address of the individual or business to whom the real property was sold;
 - c. The amount paid to you for such sale and in detail describe what you have done with the monies received; and
 - d. If personal property, describe the same, to whom sold, the amount received by you for such sale, and in detail describe what you have done with monies received.
 - e. Pursuant to Rule 58.01 provide any documents evidence such transfer and that relates thereto.

ANSWER:

9. Do you own any motor vehicles or mobile homes, either in your name or in the name of you and/or anyone else? If yes, state the following for each:
- a. The year, make and model of each such mobile home or motor vehicle;
 - b. The present fair market value thereof;
 - c. Describe any liens or debts owed against the mobile home or motor vehicle; and
 - d. The balance due on each and the monthly payment on the loan.
 - e. Pursuant to Rule 58.01, provide photocopies of each instrument of conveyance, Deed, Bill of Sale, or Certificate of Title under which you

obtained your interest, also any Note and Security Agreement which is a lien on said property; records of any payments made during the marriage including canceled checks, receipts, payment book, etc.

ANSWER:

10. State the following information with respect to each bank, savings and loan association, credit union or other financial institution or entity in which you have maintained an interest in any checking account, savings account, money market account, certificate of deposit, and any other deposit during the 12-month period immediately preceding the filing of your answers to these interrogatories.

- a. The name, address and telephone number of each institution and each account number;
- b. The complete name and current address of each person in whose name each such account is titled;
- c. The date each such account was initially opened and amount of the initial deposit;
- d. State the proportionate ownership interest you maintain in each account; and
- e. Pursuant to Rule 58.01 attach to your answers to these interrogatories copies of any and all monthly or other periodic statements (including itemization of all deposits and withdrawals), canceled checks, and deposit tickets or vouchers pertaining to each such account during the preceding 12 months; execute the attached Authorization for Release of Confidential Information.

ANSWER:

11. Are you the owner or beneficiary of any pension, profit sharing, deferred compensation, or other retirement plan (regardless whether it is vested or not)? If yes, state the

following for each:

- a. The legal name of the plan, the name of the administrator, as well as their present address and phone number;
- b. Whether or not you have vested benefits under the plan;
- c. If you assert that you are non-vested, state and described under what conditions you will become a vested member of said plan;
- d. The present fair market value of any benefits you are entitled to under said plan;
- e. The date you became enrolled in said plan regardless of whether or not you were vested or non-vested, and as of the date of your marriage, state the cash value of your right, title and interest in and to said plan regardless of whether or not you were vested or non-vested; and
- f. Pursuant to Rule 58.01, attach pamphlets and documents summarizing or describing your benefits under the plan; also, all annual statements or records reflecting past and/or current cash value benefits under said plan; execute the attached Authorization for Release of Confidential Information.

ANSWER:

12. Do you claim any personal or real property owned by you as your separate property? If yes, state the following for each item of real property and/or personal property:

- a. A description of each item of property, the percentage of interest you claim as separate property and the date you claim to have acquired said interest;
- b. Whether or not each item of property acted as security or collateral for any debt; and, if so, the name and address of the creditor and whether or not since the date of marriage any payments have been made on said debt; if so, the amount of each payment, the date of each payment and the source of each payment;
- c. The fair market value of each item of separate property on the date of marriage; if you claim the property was acquired after the marriage, the fair market value on the date you acquired it, and the fair market value of each item as of the date you answered these interrogatories;
- d. The present location of each item of property claimed by you as separate

- property; and
- e. Pursuant to Rule 58.01, provide photocopies of each instrument of conveyance, Deed, Bill of Sale, or Certificate of Title under which you obtained your interest, also any Note and Deed of Trust which is a lien on said property; records of any mortgage payments made during the marriage including canceled checks, receipts, payment book, etc.

ANSWER:

13. Do you expect to call any person as an expert at the trial of this cause? If yes, state the following for each:

- a. The name and address of each such expert, and the general nature of the subject matter on which each such expert is expected to testify;
- b. The present occupation of each such expert; and a description of any profession in which each such expert is engaged;
- c. A description of the specialty and sub-specialties, if any, of each such expert;
- d. The educational background of each such expert in his alleged field of expertise;
- e. Pursuant to Rule 58.01, provide a curriculum vitae for each such expert.

ANSWER:

14. Have you ever been arrested and/or convicted for any misdemeanor or felony? If yes, state the following for each:

- a. The date of arrest/conviction;
- b. The city, county and state in which the arrest/conviction occurred;

- c. The offense/charge for which you were arrested/convicted;
- d. Whether you were convicted of the charged offense;
- e. The amount of any fine or the term of any sentence, or both, imposed following conviction, and state whether you were placed on probation; and
- f. Pursuant to Rule 58.01 provide any documents that evidence such arrest/conviction and any other related documents.

ANSWER:

15. Have you ever mentally, verbally, or physically abused, neglected, struck, harmed or in any way adversely affected the opposing party? If yes, state the following for each instance:

- a. The date upon which each incident occurred;
- b. The place where each incident occurred;
- c. Please describe in detail the incident;
- d. What harm, if any, was done to the other party or any other person, and
- e. Pursuant to Rule 58.01 provide any documents that evidence such events and any other related documents.

ANSWER:

16. Do you allege that you have ever been abused, physically and/or mentally, by the opposing party? If yes, state the following for each allegation:

- a. The approximate date of each alleged abuse;
- b. The approximate date you first became aware of any allegations of abuse;
- c. Describe the specific facts surrounding each alleged abuse;
- d. Did you ever report the alleged abuse to law enforcement authorities or to the Missouri Division of Family Services (DFS) and, if so, to whom; and,

- if not reported, why not;
- e. If publicly reported, was any action taken by DFS, law enforcement officials, or prosecuting attorney for that jurisdiction and, if so, please indicate what was done; and
- f. Pursuant to Rule 58.01 provide any documents that evidence such events and any other related documents.

ANSWER:

17. State whether or not you maintain for yourself any medical policy of insurance. If yes, state the following for each:

- a. The name, address and phone number of the insurance company;
- b. The policy number;
- c. Describe briefly the benefits provided thereunder;
- d. State the monthly per person cost of said policy that is not reimbursed by any third party or paid by any third party; and
- e. Pursuant to Rule 58.01, attach copies of any and all policies of medical insurance.

ANSWER:

18. Have you consumed any alcoholic beverage and/or used any other controlled substance during the past twelve (12) months to date? If yes, state the following for each occurrence:

- a. The date, time and location where consumption and/or use occurred;
- b. The average amount of alcohol and/or controlled substance consumed, and the type of alcohol and/or controlled substance consumed;
- c. The average number of days each week that you consume or use any alcohol and/or controlled substance;
- d. Have you ever been treated for alcoholism, alcohol dependency, and/or addiction to any other controlled substance, if so, provide the dates, name and address of each such treatment and treating facility; and
- e. Pursuant to Rule 58.01 provide a photocopy of each document referenced or referred to in formulating your answer to this interrogatory, and each of the sub-sections contained therein, also, please complete and execute the attached HIPAA Authorization Form for yourself and one for each other individual named in response to this interrogatory.

ANSWER:

19. Attach copies of your federal and state income tax returns (*including all supplemental forms you are required to attach to your return including W-2, 1099, Form C, partnership distribution forms; Sub Chapter S distribution forms or any other type of ancillary form which you were required to attach to your return*) for the last five (5) years. For each year state the following:

- a. Pursuant to Rule 58.01 attach copies of your federal and state income tax returns for the last five (5) years. (Your return should include all parts, both front and back pages, all supplementary forms, which you were required to file as part of your return.
- b. The date and location where each return was filed
- c. The name, address and telephone number of each individual or business that prepared or assisted in the preparation each return.

ANSWER:

20. Have you ever been diagnosed with or do you suffer from, any physical and/or mental health disease and/or disorder? If yes, state the following for each disease and/or disorder:

- a. The name of the disease and/or disorder, the symptoms of associated therewith and the treatments and/or medications prescribed;
- b. The expected effects on your health and your ability to provide care for yourself and minor children over the next year, three (3) years, five (5) years, ten (10) years and fifteen (15) years;
- c. The name, address and telephone number of each medical or other care provider who has treated each such condition; and
- d. Pursuant to Rule 58.01 provide a photocopy of each document referenced or referred to in formulating your answer to this interrogatory, and each of the sub-sections contained therein, also, please compete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

ANSWER:

21. Do you allege that there was any misconduct by your spouse during the marriage which you intend to rely on in order to request in your favor a greater portion of the marital property than 50%, an award of maintenance, or an amount of maintenance? If yes, state the following for each act of misconduct:

- a. Describe each event or occurrence, i.e., what happened;
- b. The name, current address and telephone number of each person who observed each event or occurrence that supports this claim;
- c. For each event or occurrence, state the date, where it happened, and the name and current address of any other person who was not an eye witness but has talked with your spouse concerning the same;
- d. For each event or occurrence, state what you claim your spouse has said concerning the same; and,
- e. Pursuant to Rule 58.01 provide a photocopy of each document referenced or referred to in formulating your answer to this interrogatory, and each of the sub-sections contained therein.

ANSWER:

22. You are requested to complete the attached "Property Statement" as well as the attached "Income and Expense Statement" and execute the same and return the same with your answers to these Interrogatories. You are further requested to update said financial statements and supply copies of the updated versions at least five (5) days prior to the date of any hearing.

ANSWER:

23. For each individual you allege or believe to have any personal knowledge of any of the facts or circumstances related to the allegations set forth in the Petition, Counter Petition, or any other claims, affirmative defenses or assertions you have, or may argue, in response to the pending action, please state the following for each:

- a. The individuals name, address and telephone number; and
- b. Describe each specific fact and circumstance they have personal knowledge of, and the date of occurrence.

ANSWER:

24. Pursuant to Rule 58.01 provide each document, recording, audio or video, letter, email, text and any other communication or writing of any nature and form that relates to or supports any of your responses to each of the interrogatories herein and each allegation you are making regarding any party, event or transaction involved in this matter.

ANSWER:

25. If payment of your attorney fees, and/or litigation costs and expenses are being requested by you to be paid by the opposing party in this case, please state:

- a. The terms and conditions of your employment agreement with your attorney, including but not limited to the hourly rate(s) and/or flat rate charged, the retainer or minimum fee paid or to be paid and, the total paid to date;
- b. If you have a written contract for employment of your attorney or a letter published memorializing the agreement concerning payment of fees, provide a copy;
- c. If the opposing party is not ordered to pay part or all of your attorney fees under the agreement with your lawyer, do you remain responsible for them;

ANSWER:

_____, _____

_____ # _____

_____, MO 63 _____
_____ phone
_____ fax
e-mail: _____

ATTORNEY FOR PETITIONER/RESPONDENT

STATE OF MISSOURI)

)

SS.

COUNTY OF _____)

COMES NOW Petitioner/Respondent, _____, and states that they have read the foregoing Interrogatories to Petitioner/Respondent and that they have answered them to the best of their knowledge, information and belief.

Petitioner/Respondent

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____

IN THE CIRCUIT COURT OF _____, MISSOURI
AT _____, MISSOURI

_____,)
)
Petitioner,)
)
v.) Case No. _____
)
_____,)
)
Respondent.)

STATEMENT OF INCOME AND EXPENSE

NAME

SOCIAL SECURITY NUMBER

I. INCOME

A.

Gross wages or Salary and Commission each Pay Period. _____

PAID: _____ Weekly _____ Bi-Weekly
 _____ Semi-Monthly _____ Monthly

Payroll Deductions:

FICA (Social Security Tax) _____
Medicare Tax _____
Federal Withholding Tax _____
State Withholding Tax _____
City Earnings Tax _____
Union Dues _____
Medical/Dental _____
Savings _____
401 K _____
Other _____
Total Payroll Deductions _____

Net Take Home Pay Each Pay Period _____

INCOME (Continued)

B.

Additional Income from Rentals, Interest,
Dividends and Business Enterprises
(Give monthly average and list of income.)

_____	_____
_____	_____
_____	_____

C.

Any other Income - (from Social Security, AFDS, VA Benefits, pensions, annuities, bonuses, commissions and all other sources.)

List the source and MONTHLY average

_____	_____
_____	_____
_____	_____

AVERAGE NET MONTHLY INCOME (Sum of A, B and C):

Your share of the gross income shown on last year's Federal Income Tax Return:

II. EXPENSES (Give all expenses on a MONTHLY average.)

A. Rent or mortgage payments \$ _____

B. Utilities:

1. Gas	\$ _____	
2. Water	\$ _____	
3. Electricity	\$ _____	
4. Telephone	\$ _____	
5. Trash Service	\$ _____	_____

C. Automobiles:

1. Gas and Oil	\$ _____	
2. Maintenance (routine)	\$ _____	
3. Taxes and License	\$ _____	_____

D. Insurance:

1. Life	\$ _____	
2. Health & Accident	\$ _____	
3. Disability	\$ _____	
4. Homeowner (If not included in mortgage payment)	\$ _____	
5. Automobile	\$ _____	_____

E. Payment on Installment Contracts

Auto #1: _____	\$ _____
Auto #2: _____	\$ _____
Auto #3: _____	\$ _____
Household Installments	\$ _____
Credit Cards:	
MasterCard	\$ _____

	Visa Discover Other	\$ _____ \$ _____	
F.	Child Support Paid to Others for Children not in your custody		_____
G.	Maintenance or Alimony		_____
H.	Church and Charitable Contributions		_____
Sum of A, B, C, D, E, F, G and H:			_____

		Yours	Children in your custody
I.	Other Living Expenses		
1.	Food	\$ _____	\$ _____
2.	Clothing	\$ _____	\$ _____
3.	Medical Care*	\$ _____	\$ _____
4.	Prescription Drugs	\$ _____	\$ _____
5.	Dental Care	\$ _____	\$ _____
6.	Recreation	\$ _____	\$ _____
7.	Laundry & Cleaning	\$ _____	\$ _____
8.	Barber Shop	\$ _____	\$ _____
9.	Beauty Shop	\$ _____	\$ _____
10.	School and Books	\$ _____	\$ _____
11.	Day Care	\$ _____	\$ _____
12.	Other Expenses		
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
	Total Living Expenses	\$ _____	\$ _____

AVERAGE MONTHLY LIVING EXPENSES: \$ _____

*Includes costs of medical care and prescription drugs, which are not paid for by your employer, any insurance or other third party.

STATE OF MISSOURI)
)
COUNTY OF _____) SS.

COMES NOW Petitioner/Respondent, _____ being of lawful age and after being duly sworn, states that Affiant has read the foregoing Statement of Income and Expense, and that the facts therein are true and correct according to the Affiant's best knowledge and belief.

Affiant

Subscribed and sworn to before me the undersigned Notary Public, on this _____ day of _____, 20__.

Notary Public

My Commission Expires:

C. Bank Accounts – List all checking and saving accounts, time deposits, money market certificates, etc., held in you or your spouse’s name, alone or with another person. Give the name of the institution, the names on the account and the account number.	HUSBAND VALUE	WIFE VALUE	Husband DEBT	Wife DEBT	Husb. RQST.	Wife RQST.	COURT AWARD

D. Cash on hand.	HUSBAND VALUE	WIFE VALUE	Husband DEBT	Wife DEBT	Husb. RQST.	Wife RQST.	COURT AWARD

E. Securities – List all stocks, including both public and closely held corporations, bonds, promissory notes, mortgages, money market funds and all other such property in which you or your spouse have an interest. List all pensions you or your spouse have an interest in. Give the names in which the securities are held and identification number, if any.	HUSBAND VALUE	WIFE VALUE	HUSB. DEBT	WIFE DEBT	Husb. RQST.	Wife RQST.	COURT AWARD

F. Other Assets – List all assets below not already listed herein in which you hold any interest, including trusts, contracts, pending litigation, farm equipment, and animals, partnerships, and other businesses.	HUSBAND VALUE	WIFE VALUE	HUSB. DEBT	WIFE DEBT	Husb. RQST.	Wife RQST.	COURT AWARD

G. Liabilities and Debts.	HUSBAND AMOUNT	WIFE AMOUNT	HUSBAND APPRT.	WIFE APPRT.	COURT APPRT.

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

COMES NOW Petitioner, _____, and after being duly sworn upon oath, states that affiant has read the foregoing statement of property and debts, and the answers given therein are true to the best of affiant’s knowledge and belief.

PETITIONER

Subscribed and sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

STATE OF MISSOURI,)
) SS.
COUNTY OF _____)

COMES NOW Respondent, and after being duly sworn upon oath, states that affiant has read the foregoing statement of property and debts, and the answers given therein are true to the best of affiant’s knowledge and belief.

RESPONDENT

Subscribed and sworn to before me this ____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

TO: _____

IN THE MATTER OF:

NAME: _____
S.S. NO. _____
DOB: _____

You are hereby authorized and requested to permit _____ or his agents to examine, inspect, photocopy, or reproduce in any manner the following records of the above named person:

1. Wage and employment records;
2. Insurance records of any type or kind;
3. Checking or Savings Accounts, including C.D., Money Market, etc.;
4. Records of loans, debts or other related instruments;
5. Other records: _____

You are further authorized and requested to furnish oral or written reports to them upon their request.

A photocopy of this authorization in lieu of the original, shall be sufficient authorization for you to release this information and it shall not be required that this authorization be notarized.

Name

**INDIVIDUAL'S REQUEST FOR PROTECTED HEALTH INFORMATION (PHI) AND AUTHORIZATION
TO MAIL PHI TO _____**

PATIENT IDENTIFICATION

Name: _____
Date of Birth: _____
SSN: _____
Address: _____

I, _____, hereby request copies of **my** protected health information (Hereinafter referred to as PHI) as described herein, be released and sent to _____, Attorney at Law, _____. I further direct you to send my bill for my copies of my PHI to _____.

Information is to be released by: _____
Specify name of care provider (Releaser) as well as address and telephone number

Purpose of request: Litigation

Period requested: _____ All periods of time
_____ From _____ to _____

Information to be released:

- | | |
|---|---|
| <input type="checkbox"/> Intake | <input type="checkbox"/> Treatment records |
| <input type="checkbox"/> Emergency Room Records | <input type="checkbox"/> Record of pharmacies prescribed |
| <input type="checkbox"/> Admission Summary | <input type="checkbox"/> X-Ray Reports |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> MRI Reports |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> CT Scan Reports |
| <input type="checkbox"/> Operative Report | <input type="checkbox"/> Myelogram Reports |
| <input type="checkbox"/> Pathology Report | <input type="checkbox"/> EMG, NCVS, EKG reports |
| <input type="checkbox"/> Laboratory or Radiology reports | <input type="checkbox"/> Correspondence or reports <u>sent or received</u> by you |
| <input type="checkbox"/> Any test results | <input type="checkbox"/> Any forms completed for patient |
| <input type="checkbox"/> Physical Therapy Records | <input type="checkbox"/> Off work, light or limited duty directives |
| <input checked="" type="checkbox"/> Everything including all of the above (i.e. a complete copy of your file or patient's health record) | |
| <input type="checkbox"/> Other (specify): _____ | |
| <input type="checkbox"/> Itemized Billing Statement for services from _____ to _____ | |

This authorization will expire one year from the date below. Except to the extent that action has already been taken and reliance on this authorization, I may revoke this authorization at any time by notifying you in writing.

I understand that this authorization is voluntary. **I understand** that _____, is not a health provider or a health plan covered by federal privacy regulations and that by directing that copies of my PHI be sent to said law office, the released information may be re-disclosed by said law office and it will no longer be protected by the Health Insurance Portability and Accountability Act of 1996. **I hereby release** your practice, its employees, officers and physicians from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein. **I understand** you will not deny treatment if I do not sign this form and **I may** inspect a copy of my PHI. By signing below, **I authorize** the Releaser, as identified above, to release the PHI as specified above.

A photocopy of this authorization shall be considered as valid as the original. At my request I have received a photocopy of this authorization.

Signature Date

Signature of Patient/Legal Guardian/Personal Representative (Give relationship) Date

Authorization To Release Records Of Drug/Alcohol Or Psychiatric Treatment; AIDS/HIV And Other Communicable Diseases

I further permit the release of all, information concerning any drug/alcohol treatment or use, psychiatric treatment or AIDS/HIV and other communicable diseases, test results and/or diagnosis and treatment, subject to the same terms and conditions as above stated.

Signature Date

IN THE CIRCUIT COURT OF _____, MISSOURI
AT _____, MISSOURI

_____,)
)
Petitioner,)
)
v.) Case No. _____
)
_____,)
)
Respondent.)

CONSENT TO RECORDS PRODUCTION IN LIEU OF PERSONAL APPEARANCE

Comes now, _____, counsel for Petitioner/Respondent, and
_____ counsel for Petitioner/Respondent, and, in accordance with Rule 57.09 of the
Missouri Rules of Civil Procedure, consent to the release of records in lieu of an appearance at the
deposition to be scheduled by counsel for Petitioner/Respondent.

ATTORNEY FOR RESPONDENT

ATTORNEY FOR PETITIONER