

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

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

**PETITIONER/RESPONDENT’S FIRST INTERROGATORIES AND MOTION 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 57.01 of the Missouri Rules of Civil Procedure. 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 Motion 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 on you and/or your current spouse/paramour:

- a. Full name and other name(s) you have been known by, date of birth, social security number.
- b. Your current residential address, the name, current address and telephone number and relationship to you and/or your spouse of each person residing with you for each residence since the date of separation
- c. The inclusive dates that you resided at residence, the name, address and telephone number of each landlord and/or leasing company, and the reason for the termination of each residence

ANSWER:

2. If you and/or your current spouse/paramour are presently employed, or have been employed since _____ for each employment since _____, please state:

- a. The name, address and telephone number for your current employer(s) and for each previous employer;
- 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. Since _____ have you been self-employed or engaged in your own business, either as an exclusive occupation or in addition to your other employment? If so, please state:

- a. Full business name, address, telephone number and corporate formation if not a sole proprietorship.
- b. Nature of product produced or services performed.
- c. The date of formation and/or commencement of operations and term thereof.
- d. State whether the business is sole proprietorship, partnership, or corporation. If partnership or corporation, state percentage of business owned by you, and list all persons by name address and telephone number who own a 10% or greater interest in said business.
- e. The hours of operation for the business and the hours you engage in any sort of function for such business.
- f. Pursuant to Rule 58.01 provide all foundational document, meeting minutes, notes, membership distributions, dividends, and the state and federal tax returns.

ANSWER:

4. State whether or not you contend that you are limited and/or unable to work and/or support yourself and if so, state in detail all reasons known to you why you would not be able to obtain gainful employment. Additionally, pursuant to Rule 58.01, complete and execute the attached HIPAA Authorization Form and Authorization for the 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. Additionally, pursuant to Rule 58.01, complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

ANSWER:

6. You are requested to complete the attached “Income and Expense Statement” and “Property Statement” and execute and return the same with your answers to these interrogatories. You are further requested to update said Income and Expense Statement and supply a copy of the updated version at least five (5) days prior to the date of any hearing. With respect to the expenses listed on your Income and Expense Statement which you are requested to attach to your answers to these interrogatories, please state whether or not these expenses include the support of any other person besides yourself. If so, state the following:

- a. The name, age and your relation to each person.
- b. The approximate percentage of your monthly expenses attributable to that person.
- c. The gross monthly amount of income earned by each and the amount contributed

ANSWER:

7. 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:

8. State whether or not you have in your possession 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. If so, please state:

- 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. If the return is not in your possession, please state the name and present address of the person or entity who has possession of the same.
- c. Describe what steps would be necessary for you to obtain the same.
- d. If you do not have a complete copy of your return, pursuant to Rule 58.01, execute the attached IRS Form 4506 and Missouri Department of Revenue Form 1937.

ANSWER:

9. Have you been married since _____? If so, please state:

- a. The name of each spouse.
- b. The date of marriage, separation, and/or dissolution, if applicable.
- c. The name of any other children which you are presumed to be and/or have

- been declared to be father of, and the name, address and telephone number of the custodial parent.
- d. The gross monthly amount said spouse earns, the gross monthly amount they contribute to your monthly expenses and from what source(s) she derives such income.
 - e. Pursuant to Rule 58.01, attach a copy of each and every Judgment and Decree of Dissolution of Marriage.

ANSWER:

10. 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 complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

ANSWER:

11. 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:

12. Do you believe the opposing party is an unfit or improper person to have and enjoy custody of the minor children? If yes, state the following:

- a. Each fact, factor, matter, circumstance and/or piece of information that you rely upon in coming to your conclusion that the opposing party is unfit and/or improper persons to have custody of the minor children;
- b. The names, address, telephone number of each person you assert has personal knowledge of the alleged parental unfitness of the opposing party;
- c. For each alleged event or occurrence, state what you claim the opposing party said and did; and
- d. Pursuant to Rule 58.01, attach photocopies of any documents that support your allegations.

ANSWER:

13. For each factual allegation contained in your motion to modify, and every other pleading you have filed requesting relief currently pending herein, regarding any claimed substantial, continuing and/or changed circumstances, please state the following:

- a. Each fact, factor, matter, circumstance and/or piece of information that you rely upon in support of each allegation;
- b. The names, address, telephone number of each person you assert has personal knowledge of every fact supporting each allegation;
- c. The date, time and location of the occurrence of every event related to each allegation;
- d. For each alleged event or occurrence, state what you claim the opposing party said and did just prior and in response thereto; and
- e. Pursuant to Rule 58.01, attach photocopies of any documents that support each allegations.

ANSWER:

14. 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 your Motion to Modify, or any other claims, affirmative defenses or assertions you have, or may argue, in response to the pending Motion, 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:

15. 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:

16. Do you allege that you or the minor child(ren) 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. 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 complete and execute the attached HIPAA Authorization Form and Authorization for the Release of Confidential Information.

ANSWER:

20. 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:

_____, _____
 _____ # _____
 _____, MO 63_____
 _____ phone
 _____ fax
 e-mail: _____
 ATTORNEY FOR PETITIONER/RESPONDENT

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

Comes now Petitioner/Respondent, _____, and states that the
has read the foregoing Interrogatories and Motion to Produce Directed to Petitioner/Respondent,
and that they has answered them to the best of their knowledge, information and belief.

Subscribed and sworn to before me this _____ day of _____, 2020.

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
 _____ Bi-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: _____

I. Other Living Expenses

| | Yours | Children in your custody |
|------------------------------|----------|--------------------------|
| 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)
) SS.
 COUNTY OF _____)

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 _____, 2020.

 Notary Public

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

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

PROPERTY STATEMENT

(attach extra sheets if necessary)

| A. Real Estate – List interest in real estate owned by you or your spouse, including leaseholds. Include street address. Attach legal. | VALUE | DEBT |
|--|-------|------|
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| B. Motor Vehicles – Include all automobiles, boats, trailers, aircraft, recreational vehicles and campers in which you or your spouse have an interest. List year, make, model, and vehicle identification number. | VALUE | DEBT |
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| 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. | VALUE | DEBT |
|---|-------|------|
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| D. Cash on hand. | VALUE | DEBT |
|------------------|-------|------|
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| 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. | VALUE | DEBT |
|---|-------|------|
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| 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, | VALUE | DEBT |
|---|-------|------|
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|-------------------------------------|--|--|
| partnerships, and other businesses. | | |
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| G. Liabilities and Debts. | VALUE | DEBT |
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| H. Household goods and personal goods – list all household goods and personal goods, including all appliances, furniture, silver, antiques, televisions, stereos, clothing , jewelry, furs, cameras, coin and stamp collections, tools, etc. | VALUE | DEBT |
|--|-------|------|
| | | |
| | | |
| | | |

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

Comes now Petitioner/Respondent, _____, and 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.

Subscribed and sworn to before me this ____ day of _____, 2020.

-
NOTARY PUBLIC

My Commission Expires: _____

**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

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

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 PETITIONER

ATTORNEY FOR RESPONDENT