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*Attorney for Plaintiff*

<p>Rhonda P. Webber,</p> <p style="text-align: center;"><i>Plaintiff,</i></p> <p style="text-align: center;"><i>vs.</i></p> <p>Ronald Webber,</p> <p style="text-align: center;"><i>Defendant.</i></p>	<p>:</p>	<p style="text-align: center;"><b>SUPERIOR COURT OF NEW JERSEY</b></p> <p style="text-align: center;"><b>CHANCERY DIVISION - FAMILY PART:</b></p> <p style="text-align: center;"><b>MIDDLESEX COUNTY</b></p> <p style="text-align: center;"><i>Docket No.: FM-12-0000-00-Z</i></p> <p style="text-align: center;"><i>CIVIL ACTION</i></p> <p style="text-align: center;"><i>INTERROGATORIES</i></p>
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**TO:** R. Nice Guy, Esq.  
Iffen Aye Ghett Movin, P.C.  
Attorneys at Law  
445 Feeahrb Circle  
Moveover, NJ 07008  
Attorney for Defendant

**SIR OR MADAM:**

The Plaintiff, Ms. Rhonda P. Webber, demands that you, the Defendant, answer the following Interrogatories in the time prescribed by the Rules of Court.

\_\_\_\_\_  
CURTIS J. ROMANOWSKI, ESQ.  
Attorney for Plaintiff

DATED: March 16, 2005

## Instructions

### Definitions

1. The word "you," as used in these interrogatories, refers to you as the party and to your agents or representatives.
2. The word "person," as used in these interrogatories, refers to both natural persons and corporate or business entities.
3. The word "document," as used in these interrogatories, refers to any medium used for recording and retrieving information ranging from the handwritten page to the floppy disk.
4. The words "during the relevant time period" refers to the year or years during which the parties were married, living together, engaged in any joint enterprise, pooling financial or other resources, pregnant with and following the birth of any children of the relationship, planning for and following the adoption of any adopted children of the relationship, as well as continuing to date.
5. These Interrogatories shall be construed as a continuing request for information, which must be supplemented and kept current through the conclusion of the within matter.

### Interrogatories

#### Identification of Party.

1. Please state your current full name and address.
2. Please state all other names that you have used including:
  - a. Your middle name or names,
  - b. Your past married name(s),
  - c. Any nicknames by which you have been known,
  - d. Any aliases or other names you have used and any name changes you have undergone,
  - e. All various spellings of each name stated above.
3. Please state the following personal identifying numbers:
  - a. Your social security number,
  - b. Your taxpayer's number (if you have no social security number),
  - c. Your automobile driver's license number,
  - d. Your automobile registration number,
  - e. Your selective service number,
  - f. Your college student number,
  - g. All numbers for any hunting or fishing licenses, and any gun permits you may hold,
  - h. All insurance policy numbers.

4. Please describe your physical attributes, including:
  - a. Your sex,
  - b. Your height,
  - c. Your weight,
  - d. The color of your eyes,
  - e. The color of your hair, both currently and at other times,
  - f. Whether or not you have facial hair, both currently at other times,
  - g. Your race,
  - h. Any scars on your body,
  - i. Whether you are missing limbs or faculties,
  - j. Any chronic diseases you have which have obvious symptoms (palsy etc.),
  - k. Any prominent features and identifying marks or tattoos.
  
5. Please state as accurately as possible any and all address(es), stating:
  - a. Your current residential address, including the number and street, city, and state,
  - b. Your addresses for the last ten years,
  - c. The dates you lived at each of the addresses listed above,
  - d. Whether you owned or rented the residences listed above,
  - e. If you rented, please state the names and addresses of all landlords,
  - f. Your current business address,
  - g. Your residence and business addresses at the time of your most recent marriage,
  - h. Your residence and business addresses at the time of your most recent annulment, separation or divorce,
  - i. Your home address if you are a student or in the military and living away from home,
  - j. The addresses of current and former secondary residences or vacation homes.
  
6. If you live in or occupy more than one residence location during the year, please indicate the locations and amount of time spent at each residence.
  
7. Please identify your age and birth, stating your age in years, your date of birth, your name at birth, and the place of your birth.
  
8. Please identify your parents, stating your natural mother's name, your father's name on your birth certificate, or the names of your adoptive parents if applicable.
  
9. Please identify your citizenship, stating:
  - a. Your current citizenship, both state and country,
  - b. Where you are currently registered to vote,
  - c. Where you pay state and local income, property, sales, and excise taxes,
  - d. Where your children are enrolled in school.

## Identification of Party's Family and Household Members.

1. Please identify each family member for which you contribute support, stating the family member's current name, married names, nicknames, aliases or other names used, name changes the family member has undergone, and various spellings of each name stated above.
2. Please state the family member's relationship to you.
3. Please indicate the form, amount, and frequency of support provided by you to each family member.
4. Please indicate whether or not the family member is currently living with you, and for each please indicate all identifying numbers of the family member, including: social security number; taxpayer's number; automobile registration number; selective service number; and college student identification number.
5. Please provide a physical description of the family member, including: sex, height, weight, color eyes, color hair (current and other), facial hair (currently and at other times), race, scars, missing limbs and faculties, chronic diseases obvious from appearance (palsy etc.), and prominent features or identifying marks and tattoos.
6. Please state the family member's age in years, birth date, place of birth, name at birth, names of natural parents, and names of adoptive parents.
7. Please state the family member's citizenship including both state and country; where the family member is registered to vote; where the family member pays property, state income, sales, and excise taxes; and where the family member is enrolled in school.
8. Please identify each nonfamily household member, stating the household member's current name, married names, nicknames, aliases or other names used, name changes the household member has undergone, and various spellings of each name stated above.
9. Please describe the nature of the household member's relationship to you.
10. Please state the reason why the household member lives with you.
11. Please identify how long the household member has lived with you, the date the cohabitation began, and other addresses at which party and the household member have lived.
12. Please provide all identifying numbers of the household member, including: social security number; taxpayer's number; automobile registration number; selective service number; college student number, numbers on hunting, fishing and gun licenses; and insurance policy numbers.
13. Please describe the household member, including: sex, height, weight, color eyes, color hair (current and other), facial hair (currently and at other times), race, scars, missing limbs and faculties, chronic diseases obvious from appearance (palsy etc.), and prominent features or identifying marks and tattoos.
14. Please state the household member's age in years, birth date, place of birth, name at birth, names of natural parents, and names of adoptive parents.
15. Please state the household member's citizenship including both state and country; where the household member is registered to vote; where the household member pays property, state income, sales and excise taxes; and where the household member is enrolled in school.
16. Please describe the living and sleeping arrangements of the household members.

17. Please indicate whether any such family or nonfamily household member has a criminal record and if so describe each offense and the date of occurrence.
- Identification of Witness.
1. If you or your attorney expect to call any person as a witness at the trial, please provide the following information for each such person:
- Witness' full name,
  - Witness' married name,
  - Any nicknames by which witness has been known,
  - Aliases or other names by which witness has been known and any name changes witness has undergone,
  - The various spellings of the stated names.
2. Please identify witness' addresses, including:
- Witness' current residential address, including the number and street, city and state,
  - Witness' addresses for the last five years,
  - Witness' current business address.
3. Please identify witness' age and citizenship, and where witness is registered to vote.
4. Please identify witness' employment, stating:
- The name and address of witness' current employer,
  - Your title and the nature of witness' employment,
  - The length of witness' current employment,
  - Names of all witness' employers during the last five years.
5. Please identify the nature of the witness' relationship to each party at the time of the occurrence and currently, stating whether the witness was or is a family member, friend, cohabitant, household member, coworker, neighbor, or has some other relationship to either party.
6. Please indicate the length of the witness' relationship with each party.
7. Please indicate the frequency of the witness' exposure to the each party and each party's home, the witness' familiarity with the party's routines, needs and problems, and the exact source of the witness' information about each party, including the date it was obtained, the manner in which it was obtained, and the person from whom it was obtained.
8. Please state the substance of the witness' information including:
- Whether the witness has made oral or written statements about the occurrence,
  - To whom they were made,
  - The substance of the statements,
  - The date the statements were made,
  - The location and custodian of a copy or transcript of the statement(s),

- f. Whether you intend to produce the witness at trial.
9. Does the witness' testimony involve the (state the child's or children's names)?
10. If your answer to the preceding interrogatory is in the affirmative, please state:
- The nature of the witness' relationship to the child at the time of occurrence and currently,
  - Whether the witness was or is a family member, friend, teacher, household member, neighbor, court-appointed social service caseworker, or has some other relationship to the child,
  - The length of the witness' relationship with the child, including the date and term of a court-appointed caseworker,
  - The witness' familiarity with the child's routines, needs and problems.
11. Please provide the exact source of the witness' information about the occurrence, including the date it was obtained, the manner in which it was obtained, the person from whom it was obtained, and the substance of the witness' information.
12. Please state whether the witness has made statements about the occurrence, including oral or written statements, to whom they were made, the substance of the statements, the date the statements were made, and the location and custodian of a copy or transcript of the statement(s).
13. Please state whether you intend to produce the witness at trial.

#### Identification of Expert Witness.

- Do you intend to call any person as an expert witness at trial?
- If your answer to the preceding interrogatory is in the affirmative, please state the expert witness' full name, home address, business address, citizenship, and age and date of birth.
- Please state the names and addresses of each school the expert witness has attended and the dates of expert witness' attendance at each school.
- Please describe the nature and scope of education the expert witness received at each school, including the profession for which the expert witness is trained, whether the expert witness has specialty training in a specialty field, and any fellowship, internship or apprenticeship program in which the expert witness participated.
- For every school attended by the expert witness accredited by a professional association, please provide for each school the name and address of the association, the date the school was accredited, and the requirements for accreditation.
- If the expert witness attended any schools without graduating, please identify the names and addresses of each school, the dates of attendance, and each reason the witness did not graduate.
- If the expert witness has specialty training in addition to his or her formal training, please identify:
  - The name of the field,
  - The nature and scope of the training received in the specialty,

- c. The type of every degree,
  - d. The date each degree was awarded,
  - e. Any honors, prizes, or awards.
8. If the expert witness has any postgraduate education and training, please identify:
- a. The name and address of each school or institution,
  - b. The witness' dates of attendance,
  - c. The nature and scope of education or training received,
  - d. Degrees received.
9. Please identify the expert witness' professional experience, stating the names of the witness' employers and the titles of jobs the witness has held.
10. Please provide information concerning the witness' professional practices:
- a. Addresses and dates at each employer or office,
  - b. The nature of the practice at each employer or office,
  - c. Total years in active employment or practice.
11. Please indicate the source of your knowledge regarding the witness' reputation.

#### Identification of Marriages and Divorces.

1. Please provide the following information for each of your marriages:
- a. The date of the marriage,
  - b. The place of the marriage,
  - c. Your spouse's full name when married, including maiden name,
  - d. Where the marriage was recorded,
  - e. Where the marriage license was obtained,
  - f. Who performed the marriage ceremony
  - g. The place the marriage took place,
  - h. The names of the married parties,
  - i. How the marriage was terminated.
2. Have you ever had a marriage dissolved or terminated by divorce?
3. If your answer to the preceding interrogatory is in the affirmative, please state:
- a. The full name of each former spouse,
  - b. The date the divorce suit or petition was filed,
  - c. The place at which the suit or petition was filed,
  - d. The court which granted the divorce,
  - e. Who filed the divorce suit or petition,
  - f. The grounds used in the suit or petition,
  - g. The disposition of the suit or petition,
  - h. The date of the divorce decree,
  - i. The names and addresses of the attorneys involved in each divorce.

4. Have you ever had a marriage annulled?
5. If your answer to the preceding interrogatory is in the affirmative, please state:
  - a. The full name of each former spouse,
  - b. The date the annulment,
  - c. The place at which the annulment was filed,
  - d. The court which granted the annulment,
  - e. Who filed for the annulment,
  - f. The grounds used in the suit or petition,
  - g. The disposition of the suit or petition,
  - h. The names and addresses of each attorney involved in the annulment.

Identification of Children.

1. Please identify each of your natural children, stating:
  - a. The child's full name,
  - b. The child's date of birth,
  - c. The place of the child's birth,
  - d. The child's age,
  - e. The child's occupation,
  - f. The child's current residential address,
  - g. The child's school,
  - h. The child's sex,
  - i. The color of the child's eyes,
  - j. The color of the child's hair,
  - k. The child's identifying characteristics,
  - l. The child's other parent.
2. Please identify each of your adopted children, stating:
  - a. The child's full name,
  - b. The child's date of birth,
  - c. The place of the child's birth,
  - d. The child's age,
  - e. The child's occupation,
  - f. The child's current residential address,
  - g. The child's school,
  - h. The date of the child's adoption,
  - i. The place of the child's adoption,
  - j. Whether the child has contact with his or her natural parents, including where and how frequently the visits occur,
  - k. Whether you have made any adoption applications, including the date, place and result of each application.

3. Please identify each of your stepchildren, stating:
- The child's full name,
  - The child's date of birth,
  - The place of the child's birth,
  - The child's age,
  - The child's occupation,
  - The child's current residential address,
  - The child's school,
  - Your relationship to the child's parent,
  - The date of your marriage to the child's parent,
  - The name and address of the child's custodial parent,
  - The terms of the child's custody.
4. Please identify each of your foster children, stating:
- The child's full name,
  - The child's date of birth,
  - The place of the child's birth,
  - The child's age,
  - The child's occupation,
  - The child's current residential address,
  - The child's school,
  - The date of the child's foster placement with you,
  - The length of the child's placement(s) with you,
  - The name of the authority making the placement,
  - The child's residential address during the placement with you,
  - Whether the child has contact with his or her natural parents, including where and how frequently the visits occur.

Identification of Parents, Relatives and Significant Others.

- Please identify each of your parents, stating their full name, age, current residential address, occupation, and health.
- Please identify the degree of each parent's dependence on you, including physical dependence, mental and emotional dependence, financial dependence, and supervisory dependence with paying bills, transportation, and medical care.
- Please identify each of you dependent relatives stating:
  - The relative's name,
  - How the relative is related to you or your spouse,
  - The relative's age,
  - The relative's current residential address,
  - The relative's occupation,
  - The school the relative attends,
  - The relative's health, in general and currently.

4. Please identify the degree of the relative's dependence on you, including physical dependence, mental and emotional dependence, financial dependence, and supervisory dependence with paying bills, transportation, and medical care.
5. Please identify your significant other, stating:
  - a. The significant other's name,
  - b. The nature of the relationship,
  - c. The significant other's age,
  - d. The significant other's current residential address,
  - e. The significant other's occupation,
  - f. The school the significant other attends,
  - g. The significant other's health, in general and currently.
6. Please identify the degree of any significant other's dependence on you, including physical dependence, mental and emotional dependence, financial dependence, and supervisory dependence with paying bills, transportation, and medical care.

## Education.

1. Please provide information on your education from kindergarten through high school, stating:
  - a. The name and address of each school you attended,
  - b. The dates of your attendance at each school, the diplomas or degrees you received at each school, and the courses of study you undertook,
  - c. Whether you were ever expelled or suspended from any school,
  - d. Whether you failed to complete any program and if so, why.
2. Did you receive any education or training after high school?
3. If your answer to the preceding interrogatory is in the affirmative, please provide information on your education, stating:
  - a. The names, addresses and accreditation of each school you attended,
  - b. The dates of your attendance at each school, the diplomas or degrees you received at each school, and the courses of study you undertook,
  - c. Whether you were ever expelled or censured at any school,
  - d. Whether you failed to complete any program and why,
  - e. Educational debts you incurred, balances owed and amounts forgiven,
  - f. The sources of your educational funds,
  - g. The nature and scope of the undergraduate education you received,
  - h. The profession for which you trained,
  - i. Undergraduate degrees or honors you received.
4. Please state whether you received training in any specialty field, including the name of the specialty field, where you obtained the specialty training, and the nature and scope of this specialty training.

5. Did you receive any graduate education after college?
6. If your answer to the preceding interrogatory is in the affirmative, please provide information on your graduate education, stating:
  - a. The names, addresses and accreditation of each school you attended,
  - b. The dates of your attendance at each school, the diplomas or degrees you received at each school, and the courses of study you undertook,
  - c. Whether you were ever expelled or censured at any school,
  - d. Whether you failed to complete any program and why,
  - e. Educational debts you incurred, balances owed and amounts forgiven,
  - f. The sources of your educational funds,
  - g. The nature and scope of the undergraduate education you received,
  - h. The profession for which you trained,
  - i. Graduate degrees and honors you received.
7. Please state whether you received training in any specialty field, including the name of the specialty field, where you obtained the specialty training, and the nature and scope of your specialty training.
8. Please provide information about licenses and certifications you have earned, stating:
  - a. The name of the profession in which you are licensed or certified,
  - b. The states and countries in which you are licensed or certified,
  - c. The date that each license or certification was granted,
  - d. The name of each license or certification in effect, and its expiration date,
  - e. The process required for renewal.
9. Please provide information on whether you have ever had any license application, license, or certification revoked, suspended, or not renewed including:
  - a. Where the revocation, suspension or denial was made,
  - b. When the revocation, suspension or denial occurred,
  - c. The reason for the revocation, suspension or denial,
  - d. The reinstatement date(s).