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| Small Claims Court \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Colorado  Court Address:  **PLAINTIFF(S):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  v.  **DEFENDANT(S):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | COURT USE ONLY Case Number:  Division Courtroom |
| MOTION AND ORDER FOR INTERROGATORIES – SHORT FORM | |

## MOTION

Judgment was entered on: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Against the: Plaintiff Defendant By: Default After trial

The judgment remains unsatisfied. Pursuant to Rule 518(a), C.R.C.P., the judgment creditor requests or the Court finds that the judgment debtor should be required to answer the following interrogatories.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judgment Creditor’s Signature

## ORDER

Pursuant to Rule 518(a), at the request of the judgment creditor **or** on the Court’s review of the above Motion **IT IS ORDERED:**

That the judgment debtor shall answer the following questions and file the answers with the Court immediately within 14 days after service of these interrogatories upon the judgment debtor, or in lieu there of, pay the judgment in full. **or**

That the judgment debtor answer the questions and appear in Court at \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_ (time).

**FAILURE TO TRUTHFULLY AND COMPLETELY ANSWER ALL OF THESE QUESTIONS AND RETURN THEM WITHIN 14 DAYS TO THE CLERK OF THE COURT, SMALL CLAIMS COURT, SHALL CAUSE A CITATION TO BE ISSUED FOR CONTEMPT OF COURT. A FINDING OF CONTEMPT BY THE COURT MAY RESULT IN A FINE OR JAIL SENTENCE.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JudgeMagistrate

#### INTERROGATORIES

1. What is your full legal name:

List any other names you have been known by:

Home address:

Home phone number: Work phone number:

Date of birth: Social Security Number:

Drivers license number: State:

1. As to your employment, complete the following:

The employer’s/company’s name:

Address of employer:

Phone number: Supervisor’s name:

You are paid: hourly $ monthly $ or your annual rate of pay you earn $ you are paid commissions, the manner in which commissions are calculated are:

The days or days of the month on which you are paid:

1. As to your bank accounts, complete the following: List the name and address and account number of every bank, saving and loan, credit union or other financial institution holding any funds which you have deposited or which you are allowed to withdraw without obtaining another person’s signature.

Name of Bank, Savings & Loan/Credit Union Address/Location City/State Account Number

Name of Bank, Savings & Loan/Credit Union Address/Location City/State Account Number

Name of Bank, Savings & Loan/Credit Union Address/Location City/State Account Number

Name of Bank, Savings & Loan/Credit Union Address/Location City/State Account Number

1. State the full and correct address of all real estate you own or have an interest in:

Address City/County State

Address City/County State

Address City/County State

1. As to debts owed to you, complete the following. List the name and address of every person who owes you money and the amount owed to you:

$

Name Address City/State Amount owed

$

Name Address City/State Amount owed

$

Name Address City/State Amount owed

1. As to insurance coverage, complete the following: List the name and address of any insurance company,

including policy numbers with agent’s name providing liability coverage.

Name of Insurance Company – Name of Agent Address/Location City/State Policy Number

Name of Insurance Company – Name of Agent Address/Location City/State Policy Number

Name of Insurance Company – Name of Agent Address/Location City/State Policy Number

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

### VERIFICATION

**I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.**

Executed on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (month) (year) (city or other location, and state OR country

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed name of Judgment Debtor) Signature of Judgment Debtor

**Case Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ v. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## AFFIDAVIT OF SERVICE

**(Must be returned to Court)**

I served a copy of the foregoing Interrogatories, on the following:

Name Date Place

If the person on whom service was made is not the named party to be served, I served the Interrogatories:

At the regular place of abode of the person to be served, by leaving the Notice with a person over the age of 18 years who regularly resides at the place of abode. (Identify relationship to defendant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

At the regular place of business of the person to be served, by leaving the Notice with that person’s secretary, bookkeeper, chief clerk, office receptionist/assistant or partner. (Circle title of person that was served).

 By leaving the Notice with a partner, limited partner, associate, manager, elected office, receptionist/assistant, bookkeeper or general agent of the partnership. Limited Liability Company, or other non-corporate entity, which was to be served. (Circle title of person that was served).

 By leaving the Notice with an officer, manager, receptionist/assistant, legal assistant, paid legal advisor or general agent, registered agent for service of process, stockholder or principal employee of the corporation, which was to be served. (Circle title of person that was served).

I am over the age of 18 years, and I am not an interested party in this matter.

I have charged the following fees for my services in this matter:

 Private process server \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sheriff, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Signature of Process Server Fee $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage $ \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name (Print or type)

Subscribed and affirmed, or sworn to before me in the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_.

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Public

#### CERTIFICATE OF SERVICE BY MAILING

(To be performed by Clerk within three days of filing)

I hereby certify that on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I mailed a true and correct copy of the MOTION AND ORDER FOR INTERROGATORIES – SHORT FORM, by placing it in the United States Mail, postage pre-paid to the Defendant(s) at the address(es) listed above.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clerk of Court/Deputy Clerk

 (If applicable) Plaintiff notified of non-service on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Clerk’s Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_