RULE CHANGE 2022(02)

COLORADO RULES OF CIVIL PROCEDURE Chapter 25 Colorado Rules of County Court Civil Procedure Rules: 304, 312, and 404

Forms: 28A and 105

Rule 304. Service of Process.

(a) - (j) [NO CHANGE]

(k) Time Limit for Service. If a defendant is not served within 26 weeks after the complaint is filed, the court--on motion or on its own after notice to the plaintiff--shall dismiss the action without prejudice against that defendant or order that service be made within a specified time. But if the plaintiff shows good cause for the failure, the court shall extend the time for service for an appropriate period. This subdivision (k) does not apply to service in a foreign country under rule 304(d).

Rule 312. Defenses and Objections -- When and How Presented -- By Pleading or Motion -- Motion for Judgment on Pleadings.

(a) [NO CHANGE]

(b) Motions. Motions raising defenses shall be made in accordance with Rule 307. If made by the defendant on or before the appearance date the motions shall be ruled upon before an answer is required to be filed. Motions raising defenses made by the defendant on or before the appearance date shall be ruled upon before an answer is required to be filed. If the court rules upon such motions on the appearance date, the defendant may be required to file the answer immediately. The answer shall otherwise be filed within 14 days of the order. The court may permit the plaintiff to amend the complaint or supply additional facts and may permit additional time within which the answer shall be filed.

(c) - (d) [NO CHANGE]

Rule 404. Replevin

(a) Personal Property. The plaintiff in an action in the county court to recover the possession of personal property, the value of which does not exceed <u>fifteen-twenty-five</u> thousand dollars, may, at the time of the commencement of the action, or at any time before trial, claim the delivery of such property to the plaintiff as provided in this Rule.

(b) - (p) [NO CHANGE]

Rule 304. Service of Process.

(a) - (j) [NO CHANGE]

(k) Time Limit for Service. If a defendant is not served within 26 weeks after the complaint is filed, the court--on motion or on its own after notice to the plaintiff--shall dismiss the action without prejudice against that defendant or order that service be made within a specified time. But if the plaintiff shows good cause for the failure, the court shall extend the time for service for an appropriate period. This subdivision (k) does not apply to service in a foreign country under rule 304(d).

Rule 312. Defenses and Objections -- When and How Presented -- By Pleading or Motion -- Motion for Judgment on Pleadings.

(a) [NO CHANGE]

(b) Motions. Motions raising defenses made by the defendant on or before the appearance date shall be ruled upon before an answer is required to be filed. If the court rules upon such motions on the appearance date, the defendant may be required to file the answer immediately. The answer shall otherwise be filed within 14 days of the order. The court may permit the plaintiff to amend the complaint or supply additional facts and may permit additional time within which the answer shall be filed.

(c) - (d) [NO CHANGE]

Rule 404. Replevin

(a) Personal Property. The plaintiff in an action in the county court to recover the possession of personal property, the value of which does not exceed twenty-five thousand dollars, may, at the time of the commencement of the action, or at any time before trial, claim the delivery of such property to the plaintiff as provided in this Rule.

(b) - (p) [NO CHANGE]

	County Court District Court				
F	County, Court address:	<u>Colorado</u>			
ŀ	Distriction				
	Plaintiff(s):				
	V.				
	Defendant(s):			0011	DT HOE ONLY
ŀ	Judgment Debtor's Attorney or Jud	gment Debtor (N	lame and Address):	Case Number	r:
			·		_
	Phone Number:	E-mail:			
-	FAX Number:	Atty.Reg. #:		<u>Division</u>	Courtroom
L	OBJECTION TO C	CALCULATION	OF THE AMOUNT C	OF EXEMPT EA	ARNINGS
Ins	structions to Judgment Debtor: Use the	nis form to object t	o the calculations of yo	ur exempt earnin	ngs.
No	ame:		Phone	Number:	
	ame: reet Address:		THORE	ivumber.	
	ailing Address, if different:				
Cit	ty: S	tate: Z	p Code:		
	EXEMPTION CHART	PAY PERIOD	AMOUNT EXEMPT IS	S THE GREATE	R OF:
	("Minimum Hourly Wage" means state	Weekly	30 x Minimum Hourly	Wage or 75% of	Disposable Earnings
	or federal minimum wage, whichever is greater.)	Bi-Weekly	60 x Minimum Hourly	Wage or 75% of	Disposable Earnings
	<u>is greater.)</u>	Semi-monthly	· ·		Disposable Earnings
L		Monthly			of Disposable Earnings
<u>1.</u>	Judgment Debtor's objection to the that the correct calculation is:	Garnishee's Cal	culation of the Amoun	t of Exempt Ear	nings because I believe
_	Gross Earnings for My Pay Period from	m	thru		<u>\$</u>
	Less Deductions Required by Law (Fo	or Example, Withh	olding Taxes, FICA)		<u>- \$</u>
	Disposable Earnings (Gross Earnings	Less Deductions)			<u>= \$</u>
	Less Statutory Exemption (Use Exem	ption Chart on Wri	<u>t)</u>		- \$
	Net Amount Subject to Garnishment				<u>= \$</u>
	Less Wage/Income Assignment(s) Du	ring Pay Period (I	f Any)		<u>- \$</u>
	Amount which should be withheld				<u>= \$</u>
			OR		
2.	The earnings garnished are pension of	or retirement benef		tion/health, accid	ent or disability insurance
	and they are totally exempt because	<u>e:</u>			
	I understand that I must make a good	faith effort to reso	lve my dispute with the	Garnishee.	
	I have have not attempted t				
	Name of Person I Talked to:				
	Position:		Phone Number:		

 $\underline{\mathsf{FORM}}\, \mathsf{28ASC}\, \mathsf{R1/22}\, \mathsf{OBJECTION}\, \mathsf{TO}\, \mathsf{CALCULATION}\, \mathsf{OF}\, \mathsf{THE}\, \mathsf{AMOUNT}\, \mathsf{OF}\, \mathsf{EXEMPT}\, \mathsf{EARNINGS}$

<u>Debtor's Notice to Garnishee:</u> Even though I am filing this Objection, you are directed to send my nonexempt earnings to the Court at the address noted instead of to the party designated in paragraph "e" on the front of the Writ of Continuing Garnishment. The Court will hold my nonexempt earnings in its registry until my Objection is resolved.

Lecrtify that the above is correct to the best of my knowledge and belief and that I sent a copy of this document by □certified mail (return receipt requested) to both the Garnishee and to the Judgment Creditor, or if the Judgment Creditor is represented by Counsel, □certified mail (return receipt requested) to the Judgment Creditor's Attorney or □E-Service to the Judgment Creditor's Attorney.

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 char Garnishee	nge to the original content of this form. Judgment Creditor or Attorney
Address:	Address:
	Signature of Judgment Debtor or Judgment Debtor's Counsel and Reg. Number

	unty Courturt Address:	County, Colorad	do	
Plai	intiff(s)/Petitioner(s):			
v.				
Def	fendant(s)/Respondent(s):		A	COURT USE ONLY
Atto	orney or Party Without Attorney	(Name and Address):	Case Nu	
/ (()	of Farty Willout Automor	(Name and Nadress).	Odde 140	arribor.
Pho	one Number:	E-mail:		
	X Number:	Atty. Reg. #:	Division	Courtroom
	PATTERN INTERR	ROGATORIES UNDER (C.R.C.P. 369(g) - INDIVIDUAL
The fol	llowing Pattern Interrogatories are p	propounded to		(name of Judgment Debtor)
	ant to C.R.C.P. 369(g).	70poundou to		(name of daugmont Bostor)
a sepa	and a copy mailed to the sender trate sheet of paper, if necessary.	. Do not use Post Office boxes	s for any address p	rovided in your answers unless
Court a a sepa you re	and a copy maned to the sender trate sheet of paper, if necessary, equest and receive permission fro tate your home address, busines	. Do not use Post Office boxes om the Court.	<u> </u>	·
Court a a sepa you re 1. St	rrate sheet of paper, if necessary, quest and receive permission fro	Do not use Post Office boxes om the Court. s address, home phone, busir	ness phone, and da	ate of birth:
Court as epa	arate sheet of paper, if necessary. Equest and receive permission from	Do not use Post Office boxes om the Court. s address, home phone, busir	ness phone, and da	ate of birth:
Court as epa you re 1. St Ho	arate sheet of paper, if necessary, equest and receive permission from the sate your home address, businesseme address:	Do not use Post Office boxes om the Court. s address, home phone, busir	ness phone, and da	ate of birth:
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Court as sepandous responses to the court of	rate sheet of paper, if necessary, equest and receive permission from the part of the part	. Do not use Post Office boxes om the Court. ss address, home phone, busing Business phone ae, address, and phone number eparate sheet of paper.	e:er of your employer	(s). If more than one employer,
Court a sepa you re 1. St Ho Bu Da 2. If you	arate sheet of paper, if necessary, equest and receive permission from the cate your home address, business ome address: usiness address: ome phone: te of Birth: you are employed, state the name how additional employers on a second	. Do not use Post Office boxes om the Court. ss address, home phone, busing Business phone, address, and phone number eparate sheet of paper.	e:Phone Number: _	(s). If more than one employer,
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Court a sepa you re 1. St Ho Da 2. If y sh Ac 3. If y di pe Na Ac An Na	arate sheet of paper, if necessary, equest and receive permission from the paper and receive permission from	. Do not use Post Office boxes om the Court. ss address, home phone, busing Business phone. Business phone number eparate sheet of paper. Durce other than your employere, address, and phone number encome, the amount of income. Dates of Dates of Dates of Dates of Dates of Dates.	e:er of your employer Phone Number: er (for example, rent er, amount of incom ne, and the dates of Phone Number: f Payments:	(s). If more than one employer, tal income, commissions, stock ne, and dates of payment of the f payment.

4. If you are not employed or have other sources of income, state all sources of money you use to pay your living expenses, including the name, address, telephone number, and amounts. Show additional sources on a separate sheet of paper, if necessary:

	Name of Payor:			Phone Number:		
	Address:					
	Amount of Payments: \$		Dates	s of Payments:		
	Name of Payor:			Phone Number:		
	Address:					
	Amount of Payments: \$		Date:	s of Payments:		
5.	State whether you own o	r rent the home you liv	/e in, includin	g the amount of rent o	r house payments ye	ou make:
	□Rent	(monthly rent payme	nt)			
	□Own	(monthly house paym	nent)			
	Name(s) of Owner(s):					
6.	State the name, address loan, credit union, broke account. Provide addition	erage house) where yo	ou have an ac	count or where you h	ave signature autho	
	Name:			_		
	Address:					
	Type of Account:					
	Name:					
	Address:					
	Type of Account:					
	Name:					
	Address:					
	Type of Account:		Accou	ınt Number (last 4-digits):	
7.	If you own, or owned dur Jet skis, boats, or trailer owner if only used bythe name and address of pur	rs, list the make, mode e <u>owner is not</u> you. If y	el, year, VIN, c you no longer	ate of purchase, purch own the vehicle, identified	hase price, <u>and the</u> r tify date of sale, sale	name of <u>the</u> price, and
	Make:	Model:	Year:	VIN:		_
	Purchase Date:	Price:		_		
	Sale Date:	Price:		Purchaser:		
	Address of Purchaser:					
	Owner if not you:					
	Make:	Model:	Year:	VIN:		
	Purchase Date:					
	Sale Date:	Price:		Purchaser:		
	Address of Purchaser:					_
	Owner if not you:					
8.	If you own, or owned du purchase, purchase price of purchaser. Provide ac	e. If you no longer owr	the firearm,	dentify date of sale, sa	le price, and name a	per, date of nd address
	Make:	Model:	Serial No	ımber:		

	Sale Date:	Price:	Purchaser:	
	Address of Purchaser: _			
	Owner if not you:			
	Make:	Model:	Serial Number:	
		Price:		
	Sale Date:	Price:	Purchaser:	
	Address of Purchaser:			
).	for which the purchase price, and name of own	prices was \$500.00 or m ner if only used by<u>not</u> y	s, or regularly use any persor lore, describe each item by ma lou. If you no longer own the additional information on a se	ake, model, date of purchase item, identify date of sale,
	Make:	Model:	Purchase Date:	Price:
			Purchaser:	
	Address of Purchaser:			
	Make:	Model:	Purchase Date:	Price:
	Sale Date:	Price:	Purchaser:	
	Address of Purchaser: _			
	Owner if not you:			_
	Make:	Model:	Purchase Date:	Price:
	Sale Date:	Price:	Purchaser:	
	Address of Purchaser: _			
	Owner if not you:			
	Owner in flot you.			
10.	State the name, address relative not living with you	s, and telephone number u, indicating their relation:		ried-and-if-not. If not married,
0.	State the name, address relative not living with you	u, indicating their relations	ship to you.	
0.	State the name, address relative not living with you name:Address:	u, indicating their relations	ship to you. Relationship:	
	State the name, address relative not living with you name:	u, indicating their relations	ship to you. Relationship:	
	State the name, address relative not living with you name: Address: Phone Number: Produce and attach to your federal and state. The deed to or the lec. Your driver's license	your answers, copies of the tax returns with all attaces for your home.	ship to you. Relationship:	the last four years:

If your are self-employed, you must also answer the following questions. 13. What is the full name, address, and phone number of the business? Address: 14. What does your business do? _____ 15. On a separate sheet of paper, list the name, address and phone number of each business customer during the past three months, including the amount and reason for any money owed by the customer, if any. 16. State the name, address, account number, and type of account for every financial institution (bank, savings and loan, credit union, brokerage house) where the business has an account. Provide additional information on a separate sheet of paper, if necessary. Name: Address: ___ Type of Account: _____ Account Number (last 4-digits): _____ Address: ___ Type of Account: Account Number (last 4-digits): ____ 17. If the business owns, er-owned during the last four years, or regularly uses, any personal property for which it paid \$500.00 or more, describe each item by make, model, date of purchase, purchase price, name of owner if only used by younot the business. If the business no longer owns the item, identify date of sale, sale price, and name and address of purchaser. Provide additional information on a separate sheet of paper, if necessary. _____ Model: _____ Purchase Date: _____ Price: ____ Price: _____ Purchaser: ____ Address of Purchaser: ___

18. Produce and attach to your answers; copies of the following documents for the business:

- **a.** All bank records for the past three months.
- **b.** All payroll records for the past three months.
- c. Current list of the accounts receivable.
- d. Profit and Loss Statements for the current and prior year.
- e. Current asset list, including the inventory.

Failure to respond fully, accurately, and timely to these interrogatories could result in a citation for contempt of court.

_____ Model: _____ Purchase Date: _____ Price: _____

_____ Model: _____ Purchase Date: _____ Price: _____

Price: ______ Purchaser: _____

_____Price: _____ Purchaser: _____

Owner if not you: ___

Address of Purchaser: ____ Owner if not you: ___

Address of Purchaser: ____ Owner if not you: _____

Sale Date:

		VERIFICA	TION
l declare under pe	nalty of perjury under the law	of Colorado th	at the foregoing is true and correct.
•	nalty of perjury under the law	of Colorado th	at the foregoing is true and co

HOW TO SERVE THESE PATTERN INTERROGATORIES ON THE JUDGMENT DEBTOR

The Judgment Creditor may ask the Clerk or Deputy Clerk of Court to serve these Pattern Interrogatories by mailing them to the Judgment Debtor. The Clerk is not required to mail them, and the Clerk will use only regular mail for service. If the Clerk agrees to serve these Pattern Interrogatories, the Clerk will complete the "Certificate of Service by Mailing" below.

If the Judgment Creditor prefers, or if the Clerk declines to mail the Pattern Interrogatories, the Judgment Creditor may serve these Pattern Interrogatories in accordance with C.R.C.P. 304 ("Service of Process"). If C.R.C.P. 304 service is used, the Judgment Creditor must file proof of service as required by C.R.C.P. 304(g). A proof of service form – JDF 98 – is available on the Colorado Judicial Branch's website, https://www.courts.state.co.us/

	CATE OF SERVICE BY MAILING ned by Clerk within three days of filing)
I hereby certify that on	(date), I mailed a true and complete copy of the <i>PATTEF NDIVIDUAL</i> by placing them in the United States Mail, postage pre-paided below.
То:	
To:	Clerk of Court/Deputy Clerk

			Τ	
☐ County Court ☐ District County	t Colorado			
Court address:	Colorado			
Plaintiff(s):			_	
v.				
Defendant(s):				
			co	URT USE ONLY
Judgment Debtor's Attorney or Jud	gment Debtor (N	ame and Address):	Case Numb	
Phone Number:	E-mail:			
FAX Number:	Atty.Reg. #:	OF THE AMOUNT	Division	Courtroom
OBJECTION TO C	SALCULATION C	OF THE AMOUNT (OF EXEMPTE	ARNINGS
Instructions to Judgment Debtor: Use the	nis form to object to	the calculations of yo	our exempt earn	ings.
Name		Dhana	Niccomb a m	
Name:				
Street Address: Mailing Address, if different:				
City:S		o Code:		
EXEMPTION CHART	PAY PERIOD	AMOUNT EXEMPT		
	Weekly			of Disposable Earnings
("Minimum Hourly Wage" means state or federal minimum wage, whichever	Bi-Weekly		-	of Disposable Earnings
is greater.)	Semi-monthly		-	of Disposable Earnings
	Monthly		-	% of Disposable Earnings
 Judgment Debtor's objection to the that the correct calculation is: 	Garnishee's Calc	ulation of the Amoui	nt of Exempt Ea	arnings because I believe
Gross Earnings for My Pay Period from	m	thru		\$
Less Deductions Required by Law (Fo	or Example, Withho	olding Taxes, FICA)		- \$
Disposable Earnings (Gross Earnings	Less Deductions)			= \$
Less Statutory Exemption (Use Exem	ption Chart on Writ	:)		- \$
Net Amount Subject to Garnishment				= \$
Less Wage/Income Assignment(s) Du	ring Pay Period (If	Any)		- \$
Amount which should be withheld				= \$
2. The earnings garnished are pension of	r ratiromant hanafi	OR	ution/hoolth acci	dont or disability insurance
and they are totally exempt because		is/deletted compensa	illon/Health, acc	dent of disability insurance
and they are totally exempt because	.			
Lundorstand that I must make a good	faith offart to resolu	uo mu disputo with the	Garnishaa	
I understand that I must make a good				
I have have not attempted t				
Name of Person I Talked to:				
Position:		Phone Number:		

Debtor's Notice to Garnishee: Even though I am filing this Objection, you are directed to send my nonexempt earnings to the Court at the address noted instead of to the party designated in paragraph "e" on the front of the Writ of Continuing Garnishment. The Court will hold my nonexempt earnings in its registry until my Objection is resolved.

I certify that the above is correct to the best of my knowledge and belief and that I sent a copy of this document by □certified mail (return receipt requested) to both the Garnishee and to the Judgment Creditor, or if the Judgment Creditor is represented by Counsel, □certified mail (return receipt requested) to the Judgment Creditor's Attorney or □E-Service to the Judgment Creditor's Attorney.

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 char Garnishee	nge to the original content of this form. Judgment Creditor or Attorney
Address:	Address:
	Signature of Judgment Debtor or Judgment Debtor's Counsel and Reg. Number

	County Court	County, Colorado		
	Court Address:			
-				
	Plaintiff(s)/Petitioner(s):			
	Plaintin(s)/Petitioner(s).			
	v.			
	Defendent/e\/Deenendent/e\.			A
	Defendant(s)/Respondent(s):		A (COURT USE ONLY
	Attorney or Party Without Attorn	ey (Name and Address):	Case Num	ber:
	Phone Number:	E-mail:		
	FAX Number:	Atty. Reg. #:	Division	Courtroom
		RROGATORIES UNDER C.R.	C.P. 369(a) -	INDIVIDUAL
L	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(9)	
		e propounded to		(name of Judgment Debtor)
pur	suant to C.R.C.P. 369(g).			
Δn	swer all of the questions and eac	h and every part thereof fully and com	nletely Your ar	newers must be filed with the
		ider no later than 14 days after you		
sep	parate sheet of paper, if necessar	y. Do not use Post Office boxes for a		
yoı	u request and receive permission	from the Court.		
	Otata			of binds
1.	State your nome address, busin	ess address, home phone, business	onone, and date	or birth:
	Home address:			
	Business address:			
		Business phone:		
	•	·		
	Date of Birth:			
2.	If you are employed, state the na	ame, address, and phone number of y	our employer(s)	. If more than one employer,
	show additional employers on a	separate sheet of paper.		
	Name of Employer:	Dha	no Numbor:	
	· · · · · · · · · · · · · · · · · · ·		ne Number:	
	Address:			
_				
3.		source other than your employer (for		
	the amount of income, and the o	me, address, and phone number of th	e person or busi	ness paying you the income,
	the amount of moonie, and the	actor of paymont.		
	Name of Payor:	Phone	Number:	
	Address:			
		Dates of Payr		
	Amount of Fayingins.	Dates of Fayi		
	Name of Payor:	Phone	Number	
	Amount of Payments:	Dates of Paym	ents:	

4. If you are not employed or have other sources of income, state all sources of money you use to pay your living expenses, including the name, address, telephone number, and amounts. Show additional sources on a separate sheet of paper, if necessary:

	Name of Payor:			Phone Number:		
	Address:					
	Amount of Payments: \$		Dates	of Payments:		
	Name of Payor:			Phone Number:		
	Address:					
	Amount of Payments: \$		Dates	of Payments:		
5.	State whether you own o	or rent the home you liv	e in, includin	g the amount of re	ent or house payments y	ou make:
	□Rent	(monthly rent payme (monthly house paym	nt) nent)			
	Name(s) of Owner(s):					
6.	State the name, address loan, credit union, broke account. Provide addition	erage house) where yo	ou have an ac	count or where ye	ou have signature auth	
	Name:			_		
	Address:					
	Type of Account:		Accou	nt Number (last 4-d	ligits):	
	Name:			_		
	Address:					
	Type of Account:		Accou	nt Number (last 4-d	ligits):	
	Name:			_		
	Address:					
	Type of Account:		Accou	nt Number (last 4-d	ligits):	
7.	If you own, owned during jet skis, boats, or trailers owner if the owner is not address of purchaser. P	s, list the make, model ot you. If you no longe	, year, VIN, da er own the ve	ite of purchase, p hicle, identify date	urchase price, and the of sale, sale price, an	name of the
	Make:					_
	Purchase Date:	Price:				
	Sale Date:	Price:		Purchaser:		_
	Address of Purchaser:					_
	Owner if not you:					-
	Make:	Model:	Year:	VIN:		
	Purchase Date:	Price:				
	Sale Date:	Price:		Purchaser:		
	Address of Purchaser:					
	Owner if not you:					
8.	purchase, purchase price of purchaser. Provide ac	e. If you no longer owr dditional information o	the firearm, in a separate s	dentify date of sale heet of paper, if n	e, sale price, and name a	
	Make:	Model:	Serial Nu	mber:		

Address of Purchaser Owner if not you:	:	Purchaser:	
Owner if not you:			
,			
Make [.]			
mano.	Model:	Serial Number:	
Purchase Date:	Price:		
Sale Date:	Price:	Purchaser:	
Address of Purchaser	· ·		
Owner if not you:			
which the purchase price, and name of c	price was \$500.00 or more when if not you. If you no	or regularly use any personal pro e, describe each item by make, i longer own the item, identify dat rmation on a separate sheet of pa	model, date of purchase e of sale, sale price, and
Make:	Model:	Purchase Date:	Price:
Sale Date:	Price:	Purchaser:	
Address of Purchaser	· ·		
Make:	Model:	Purchase Date:	Price:
Sale Date:	Price:	Purchaser:	
Address of Purchaser	· ·		
Make:	Model:	Purchase Date:	Price:
Sale Date:	Price:	Purchaser:	
Address of Purchaser	:		
Owner if not you:			
State the name, addressiving with you, indicate	ess, and telephone number ing their relationship to you.	of your spouse, if you are married.	If not married, list a close
		•	
Pnone Number:			
. Produce and attach	to your answers copies of	the following documents:	
b. The deed to or thc. Your driver's licer	e lease for your home. nse. o from your employer(s).	achments for the last four years.	
	se an arrangement to pay	the judgment, state the proposed	l terms:

If you are self-employed, you must also answer the following questions.

13. What is the full name, address, and phone number of the business?

Name: Phone Number:				
Address:				
. What does your busines	s do?			_
		dress and phone number on for any money owed by	of each business customer du the customer, if any.	ring the p
	erage house) where t		ry financial institution (bank, ount. Provide additional infor	
Name:				
Address:				_
Type of Account:	f Account:			
Name:				
Address:				
Type of Account:		Account Number (last 4-digits):	
\$500.00 or more, describe business. If the business	be each item by make ss no longer owns th	model, date of purchase, e item, identify date of sa	es any personal property for v purchase price, name of own ale, sale price, and name and	er if not
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- 18. Produce and attach to your answers copies of the following documents for the business:
 - a. All bank records for the past three months.
 - **b.** All payroll records for the past three months.
 - **c.** Current list of the accounts receivable.
 - d. Profit and Loss Statements for the current and prior year.
 - e. Current asset list, including the inventory.

☐ 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.				
V	ERIFICATION			
I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.				
Executed on the day of, (month) , (y	, at			
(date) (month) (y	(city or other location, and state OR country)			
(Printed name of Judgment Debtor)	Signature of Judgment Debtor			

HOW TO SERVE THESE PATTERN INTERROGATORIES ON THE JUDGMENT DEBTOR

The Judgment Creditor may ask the Clerk or Deputy Clerk of Court to serve these Pattern Interrogatories by mailing them to the Judgment Debtor. The Clerk is not required to mail them, and the Clerk will use only regular mail for service. If the Clerk agrees to serve these Pattern Interrogatories, the Clerk will complete the "Certificate of Service by Mailing" below.

If the Judgment Creditor prefers, or if the Clerk declines to mail the Pattern Interrogatories, the Judgment Creditor may serve these Pattern Interrogatories in accordance with C.R.C.P. 304 ("Service of Process"). If C.R.C.P. 304 service is used, the Judgment Creditor must file proof of service as required by C.R.C.P. 304(g). A proof of service form – JDF 98 – is available on the Colorado Judicial Branch's website, https://www.courts.state.co.us/

CERTIFICATE OF SERVICE BY MAILING				
	_(date), I mailed a true and complete copy of the <i>PATTERN VIDUAL</i> by placing them in the United States Mail, postage pre-paid to			
To:				
	Clerk of Court/Deputy Clerk			
☐ (If applicable) Plaintiff notified of non-service on	(date). Clerk's Initials			

Amended and Adopted by the Court, En Banc, January 6, 2022, effective immediately.

By the Court:

Richard L. Gabriel Justice, Colorado Supreme Court