

RULE CHANGE 2024(13)

COLORADO RULES OF CIVIL PROCEDURE

Rule 16. Case Management and Trial Management

(a) - (e) [NO CHANGE]

(f) Trial Management Order. No later than 28 days before the trial date, the responsible attorney shall file a proposed Trial Management order with the court. Prior to trial, a Trial Management Order shall be entered by the Court.

(1) - (2) [NO CHANGE]

(3) *Form of Trial Management Order.* The proposed Trial Management Order shall contain the following matters under the following captions and in the following order:

I. - V. [NO CHANGE]

VI. Identification of Witnesses and Exhibits--Juror Notebooks. Each party shall provide the following information:

(A) - (C) [NO CHANGE]

(D) Deposition and Other Preserved Testimony. If the preserved testimony of any witness is to be presented the proponent of the testimony shall provide the other parties with its designations of such testimony at least 28 days before the trial date. Any other party may provide all other parties with its designations and shall do so at least ~~21~~14 days before the trial date. The proponent may provide reply designations and shall do so at least ~~14~~7 days before the trial date. A copy of the preserved testimony to be presented at trial shall be submitted to the court and include the proponent's and opponent's anticipated designations of the pertinent portions of such testimony or a statement why designation is not feasible at least ~~7~~3 days before the trial date. If any party wishes to object to the admissibility of the testimony or to any tendered question or answer therein, it shall be noted, setting forth the grounds therefor.

VII. [NO CHANGE]

(4) - (5) [NO CHANGE]

(g) [NO CHANGE]

COMMENTS [NO CHANGE]

Rule 121. Local Rules—Statewide Practice Standards

(a) – (c) [NO CHANGE]

Section 1 – 1 to 1 – 13 [NO CHANGE]

Section 1 – 14 DEFAULT JUDGMENTS

1. To enter a default judgment under C.R.C.P. 55(b) of the Colorado Rules of Civil Procedure, the following documents in addition to the motion for default judgment are necessary:

(a) Appropriate documentation~~The original summons~~ showing valid service on the particular defendant in accordance with Rule 4, C.R.C.P. or applicable statute.

(b) - (g) [NO CHANGE]

2. - 4. [NO CHANGE]

COMMENTS [NO CHANGE]

Section 1 – 15 to Section 1 – 26 [NO CHANGE]

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court address: _____ Plaintiff(s): _____ v. Defendant(s): _____	
Judgment Debtor's Attorney or Judgment Debtor (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg. #: _____	▲ COURT USE ONLY ▲ Case Number: _____ Division _____ Courtroom _____
OBJECTION TO CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS OR FOR REDUCTION OF WITHHOLDING PURSUANT TO SUBSECTION 13-54-104(2)(a)(I)(D)	

Instructions to Judgment Debtor: Use this form to object to the calculations of your exempt earnings.

Name: _____ Phone Number: _____
 Street Address: _____
 Mailing Address, if different: _____
 City: _____ State: _____ Zip Code: _____

EXEMPTION CHART ("Minimum Hourly Wage" means state or federal minimum wage, whichever is greater.)	PAY PERIOD	AMOUNT EXEMPT IS THE GREATER OF:
	Weekly	40 x Minimum Hourly Wage or 80% of Disposable Earnings
	Bi-Weekly	80 x Minimum Hourly Wage or 80% of Disposable Earnings
	Semi-monthly	86.67 x Minimum Hourly Wage or 80% of Disposable Earnings
	Monthly	173.3 x Minimum Hourly Wage or 80% of Disposable Earnings

1. Judgment Debtor's objection to the Garnishee's Calculation of the Amount of Exempt Earnings because I believe that the correct calculation is:

Gross Earnings for My Pay Period from _____ thru _____	\$ _____
Less Deductions Required by Law (For Example, Withholding Taxes, FICA, Costs for Employer-Provided Health Insurance Withheld From Earnings)	
	- \$ _____
Disposable Earnings (Gross Earnings Less Deductions)	= \$ _____
Less Statutory Exemption (Use Exemption Chart on Writ)	- \$ _____
Net Amount Subject to Garnishment	= \$ _____
Less Wage/Income Assignment(s) During Pay Period (If Any)	- \$ _____
Amount which should be withheld	= \$ _____

OR

2. The earnings garnished are pension or retirement benefits/deferred compensation/health, accident or disability insurance and they are totally exempt because:

I understand that I must make a good faith effort to resolve my dispute with the Garnishee.

I have have not attempted to resolve this dispute with the Garnishee.

Name of Person I Talked to: _____

Position: _____ Phone Number: _____

OR

3. A greater portion of my disposable earnings should be exempt from garnishment for the support of me or my family that is supported in whole or in part by me. I request a court hearing to determine whether my earnings subject to garnishment, together with any other income received by my family, are insufficient to pay the actual and necessary living expenses of me and/or my family based upon proof of such expenses incurred during the 60 days prior to the hearing. In support of this I state the following:*

Gross Monthly Income		Monthly Expenses	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Partner, Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Total Income	\$	Total Expenses	\$

*You are not required to use this form but will have to prove to the court that you are entitled to claim this exemption.

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 change to the original content of this form.

Garnishee

Address: _____

Judgment Creditor or Attorney

Address: _____

Signature of Judgment Debtor or
Judgment Debtor's Counsel and Reg. Number

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COMMENTS [NO CHANGE]

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Judgment Debtor's Attorney or Judgment Debtor (Name and Address): _____ Phone Number: _____ E-mail: _____ FAX Number: _____ Atty.Reg. #: _____	Case Number: _____ Division _____ Courtroom _____
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Maintenance/Alimony	\$	Medical/Dental	\$
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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 change to the original content of this form.

Garnishee

Address: _____

Judgment Creditor or Attorney

Address: _____

Signature of Judgment Debtor or
Judgment Debtor's Counsel and Reg. Number

Amended and Adopted by the Court, En Banc, September 5, 2024, effective immediately.

By the Court:

**Richard L. Gabriel
Justice, Colorado Supreme Court**