

Small Claims Court, Denver County, Colorado
1437 Bannock Street, Room 135
Denver, Colorado 80202, 720-865-7840

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: **Small Claims** 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 thereof, 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: _____

2. 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: _____

3. 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 |

4. 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 |

5. 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 |

6. 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 |

UNDER PENALTIES OF PERJURY, I DECLARE THAT THESE STATEMENTS ARE TRUE AND CORRECT.

Date: _____

 Judgment Debtor's Signature

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

My Commission Expires: _____

 Notary Public/Clerk of the Court/Deputy Clerk

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
Fee \$ _____ Mileage \$ _____

Signature of Process Server

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 _____