

STATE OF INDIANA)
) SS:
COUNTY OF SHELBY)

IN THE SHELBY SUPERIOR COURT 2
SMALL CLAIMS DIVISION
SHELBYVILLE, INDIANA

CASE NUMBER:

Plaintiff(s) **VS.**

Defendant(s)

Street Address

City, State Zip Code

Last 4 of Social Security Number **AND**

Garnishee Defendant

INTERROGATORIES PROPOUNDED TO GARNISHEE DEFENDANT DEPOSITORY FINANCIAL INSTITUTION

NOTE: Plaintiff shall serve the Depository Financial Institution with: (1) Verified Motion for Proceedings Supplemental, Order Thereon, Notice and Summons; (2) Interrogatories; and (3) \$5.00 fee made payable to the Depository Financial Institution as required by Indiana law. (IC 28-9-3-4)

Plaintiff submits the following interrogatories to be answered by the Garnishee Defendant.
(ALL QUESTIONS MUST BE ANSWERED.)

1. Do you maintain any bank accounts or accounts on deposit which the above defendant owns or has an interest? **Yes / No**
2. If so, state the type of account, the account number, and the account balance.
(Indiana Administrative Rule 9 requires prohibits public disclosure of complete social security numbers and complete bank account numbers. Your response must comply with Admin. Rule 9. If you have questions, consult with your attorney.)

TYPE OF ACCOUNT	ACCOUNT NUMBER	ACCOUNT BALANCE

3. Are there currently any garnishments or attachments on the Defendant's accounts? If so, please state the case numbers:

I affirm, under the penalty of perjury, that the foregoing representations are true.

Dated
Please return these
interrogatories via e-file or mail
**Clerk of Shelby Superior 2
Small Claims Division
407 S. Harrison Street
Shelbyville, IN 46176**

Signature and Job Title

Printed Name Work Phone Number

Work email

to: