

STATE OF INDIANA)
) SS:
COUNTY OF ST JOSEPH)

IN THE ST JOSEPH SUPERIOR COURT
SMALL CLAIMS DIVISION, SOUTH BEND

CAUSE NO.:

Plaintiff(s))
)
vs.)
)

Judgment Defendant(s))
)

Garnishee Defendant(s))

**INTERROGATORIES TO
FINANCIAL INSTITUTION**

Address

1. Do you have a deposit account involving the name of the Judgment Defendant? ___ Yes ___ No
2. If so, give each account number, and the name(s) listed for such account.
3. What was the balance on each account on the day you received the court's order?

I affirm, under the penalties of perjury, that I am authorized to answer these interrogatories, and that these answers are true.

Authorized Representative

GARNISHEE-DEFENDANT'S CERTIFICATE OF SERVICE

I certify that on _____ day of _____, 2_____, I properly deposited copies of these answers in the U.S. mail, addressed to the Small Claims Court Clerks, 1855 Courthouse, 112 South Lafayette Blvd, South Bend, IN 46601; and to the Plaintiff/Attorney.

Authorized Representative

PLAINTIFF'S CERTIFICATE OF SERVICE

I certify that on the ___ day of _____, 2_____, I deposited a copy of this pleading in the U.S. mail, directed to the last known address of Defendant(s), with sufficient 1st class postage attached.

Plaintiff/Attorney