

STATE OF INDIANA
COUNTY OF ELKHART

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) SS:
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ELKHART SUPERIOR COURT 5
1905 RELIANCE ROAD
GOSHEN, IN 46526

CAUSE NO: 20D05-_____

Plaintiff

VS.

Defendant

Garnishee-Defendant

Address

Address

City State Zip

City State Zip

INTERROGATORIES TO GARNISHEE-DEFENDANT (FINANCIAL INSTITUTION)

MEETING DATE: _____

1. State the correct name, address and telephone number of your financial institution.

2. Does the above Defendant have any accounts with your financial institution either individually or jointly?

___ YES ___ NO

3. Please provide the following information of the accounts you have with the above named Defendant(s).

Name(s) on the Account

Name(s) on the Account

Amount in the Account

Amount in the Account

Type of Account (Checking, Savings, etc.)

Type of Account (Checking, Savings, etc.)

Account Number (May use last four only)

Account Number (May use last four only)

I AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Dated: _____

Signature

Return Interrogatories to:
Plaintiff's Counsel at

Print Name

Address

Title/Position

City State Zip

Phone number