Co	unty Court	County, Colorado		
Co	urt Address:			
Pla	intiff(s)/Petitioner(s):			
٧.				
Def	fendant(s)/Respondent(s):	:	A (COURT USE ONLY
Atto	orney or Party Without Att	orney (Name and Address):	Case Num	
7	omby or rarry vianoacras	omey (name and nadrose).	Case Hair	1001.
	one Number: X Number:	E-mail: Atty. Reg. #:	Division	Courtroom
1 7 4		TERROGATORIES UNDER C.	R.C.P. 369(g)	
The	following Dattom Intoms	antonian are managed to		(10.000.0.0.0
	ment Debtor) pursuant to	gatories are propounded to C.R.C.P. 369(g).		(name o
- u. u. g	ment 2 oztot) parodam to	G G		
		ns and each and every part ther		
		ourt and a copy mailed to the		
		rate sheet of paper, if necessary answers unless you request an		
			——————————————————————————————————————	
		s address , home address, busine		
t	the person answering th	ese questions, and the relationship	ρ to the Business	5 :
1	Name:			
ŀ	Home address:			
E	Business address:			
ŀ	Home phone:	Business	phone:	
[Date of Birth:			
		orporation, list the name, home		
	ousiness phone, and dai more of the outstanding	te of birth and the title of each office	cer, director and	snareholder owning 5% o
		Silaits.		
ı	Name:			Date of Birth
		Title: _		
ŀ	Home address:	Title: _		
ŀ	Home address: Business address:	Title: _		
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i i i	Home address: Business address: Home phone: Name:	Title: Business Title:	phone:	Date of Birth:
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 	Home address: Business address: Home phone: Name: Home address: Business address:	Title: Business Title:	phone:	Date of Birth:

Type of entity:					
				Date of Birth:	
Home phone:		Business p	ohone:		
Name:		Title:		Date of Birth:	
Home address:					
Business address:					
Home phone:		Business p	ohone:		
Name:		Title:		Date of Birth:	
Home address:					
Business address:					
Home phone:		Business p	ohone:		
Provide the EIN and/	or Federal Tax Id Numbe	er of the Busine	SS.		
FIN:		Federal Ta	x Iq.		
all cars, trucks, mot	orcycles, boats, trailers,	and other mot	or vehicles o	nd current location of an owned, used by or titled	
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6.	List each and every financial institution, including banks, savings and loan associations, credit unions, brokerage houses, or otherwise, where the Business is named on an account or has signature authority, including the name, address and telephone number of the institution, the account number, and the current balance of each account.				
	Name:Telephone Number:				
	Address:				
	Type of Account:	Current Balance:	Account Number (last 4-digits):		
	Name:		Telephone Number:		
	Address:				
	Type of Account:	Current Balance:	Account Number (last 4-digits):		
	Name:		Telephone Number:		
	Address:				
	Type of Account:	Current Balance:	Account Number (last 4-digits):		
	including a detailed descri the property, and the locat	ption, purchase price, co ion including the county ime, address and telepho	archase price or present value exceeds \$500.00, arrent value, amount of any loan balance against. If the property has been transferred to another one number of the transferee, the date of transfer,		
	Description of Property:				
	Purchase Date:	Price:	Current Value:		
	Loan Balance:	L	ocation (including the County):		
	Transfer Date:	Price Paid:	Name:		
	Address of Purchaser:				
	Telephone Number:				
	Description of Property:				
			Current Value:		
	Loan Balance:	L	ocation (including the County):		
	Transfer Date:	Price Paid:	Name:		
	Address of Purchaser:				
	Telephone Number:				
	Description of Property:				
			Current Value:		
	Loan Balance:	L	ocation (including the County):		
	Transfer Date:	Price Paid:	Name:		
	Address of Purchaser:				
	Telephone Number:				

	Type of Property:	Lessee's Name:				
	Address:	ddress:				
		Term of Lease:				
Lease Payment Amount:Payment Due Dates:		ates:				
	Type of Property:	Less	ee's Name:			
Address:						
	Telephone Number:	Term of Lease:				
	Lease Payment Amount:	Payment Due Da	ates:			
9.	List every person or entity which owes money to the Business in excess of \$500.00, including the name, address and phone number, the amount owed, if payments are due, the amount and dates they are due, and the reason the moneys are owed.					
	Name:	Telephone Number:	Amount Owed:			
	Address:					
		Payment Due Dates:				
	Reason(s) the moneys are owed:					
	Name:	Telephone Number:	Amount Owed:			
	Address:					
	Payment Amount:	Payment Due Dates:				
	Reason(s) the moneys are owed:					
	Name:	Telephone Number:	Amount Owed:			
	Address:					
	Payment Amount:	Payment Due Dates:				
	Reason(s) the moneys are owed:					
10.	List every person or entity currently using the services or products of the Business averaging more than \$100.00 per month, including the address and phone number, the amount billed or purchased each month, and the billing dates. Name: Telephone Number:					
	Address:					
	Amount Billed or Purchased each Month:					
	Name:	Telephoi	ne Number:			
	Address:					
	Amount Billed or Purchased each Month:		Billing Dates:			
	Name:	Telephoi	ne Number:			
	Address:					
	Amount Billed or Burchased each Month:	·	D'III D - (

8. If the Business owns any property which is leased to another person or entity, identify the property

11.	Produce and attach to y	our answers, copies of the f	ollowing documents for the last four years:	
	 b. For partnerships, the c. For limited liability cond d. For all entities, annual i. Feden ii. Profit 	mpanies, the articles of organizel: It is and state tax returns. It is and loss statements. In it is and lose statements. In it is and lose statements. In it is a statement in it is and lose statements.	s, and corporate minutes. cation and operating agreement.	
12.	If the Business wishes t	o propose an arrangement t	o pay the judgment, state the proposed terms.	
	,			
	If the Business	is no longer in busines	s, answer the following questions:	
		<u> </u>	3 4	
13.	State the date and exact	reasons the Business went	out of business.	
	Date:			
	Reason(s):			
14.	was disposed of, the	name, address and telepho	it went out of business, describe each item whone number of the person or entity which tm, and the reason for the disposition.	
	Description:		Amount Paid:	
	Name:		Telephone Number:	
	Address:			
	Reason for Disposition: _			
	Description:		Amount Paid:	
			Telephone Number:	
15.	and amount of the loan	against that item, if any.	e each item, including the current value, loca	
			Loan Balance:	
	Description:			

Location: _____ Current Value: ____ Loan Balance: ____

Description:

Location: _____ Current Value: ____ Loan Balance: ____

16. If the Business is in receivership or phone number of the receiver or trust	a trustee has been appointed, provide the name, address and ee.
Name:	Telephone Number:
Address:	
	d with the Business going out of business (e.g., bill of sale, deed blution), produce and attach them to your answers.
Failure to respond fully, accurately a for contempt of court.	nd timely to these interrogatories could result in a citation
☐ By checking this box, I am acknowledging form.	g I am filling in the blanks and not changing anything else on the
☐ By checking this box, I am acknowledging	g that I have made a change to the original content of this form.
	VERIFICATION
I declare under penalty of perjury under the	he law of Colorado that the foregoing is true and correct.
Executed on the day of	(year), at(year), at(city or other location, and state OR country
(date) (month)	(year) (city or other location, and state OR country
(Printed name of Judgment Debtor)	Signature of Judgment Debtor
	CATE OF SERVICE BY MAILING ned by Clerk within three days of filing)
I hereby certify that on	(date), I mailed a true and complete copy of the <i>PATTERN</i> - <i>BUSINESS</i> by placing them in the United States Mail, postage pre-paid to
To:	
	Clerk of Court/Deputy Clerk