

STATE OF INDIANA )  
 )SS:  
COUNTY OF TIPTON )

IN THE TIPTON CIRCUIT COURT  
SMALL CLAIMS DOCKET  
CAUSE NO. 80C01-\_\_\_\_\_-SC-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff

SUMMONS AND ORDER TO ANSWER  
INTERROGATORIES, NOTICE OF  
HEARING AND INTERROGATORIES

VS.

\_\_\_\_\_  
Judgment Defendant(s)

TO: \_\_\_\_\_ (Garnishee Defendant)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Address)

The plaintiff in this case has an unpaid judgment against the judgment defendant, \_\_\_\_\_, on which there is now due the principal sum of \$ \_\_\_\_\_ plus post-judgment interest of \$ \_\_\_\_\_ and costs of \$ \_\_\_\_\_. The garnishee defendant, \_\_\_\_\_, is now ordered to answer under oath the interrogatories set forth below in writing on or before \_\_\_\_\_, 20\_\_\_\_, or, at your option, appear in Court and answer the interrogatories in person at the hearing. Any claim or defense to the proceedings supplemental or garnishment order must be presented at the time and place of the hearing. The garnishee defendant is hereby notified that the hearing on this matter will occur at 1:00 p.m. on \_\_\_\_\_, 20\_\_\_\_ in the Small Claims Court of Tipton County, which is located at Tipton County Courthouse, 3<sup>rd</sup> Floor, 101 E. Jefferson Street, in Tipton, Indiana, zip code 46072. Failure to respond to this Order may result in punishment for Contempt of Court.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Judge, Tipton Circuit Court  
Small Claims Division

(The following manner of service of this Order is hereby designated)

\_\_\_\_ Registered or certified mail  
\_\_\_\_ Personal or Copy Service on:

\_\_\_\_ Service on Agent (Specify):

\_\_\_\_ Other Services (Specify):  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney or Plaintiff

\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Telephone)

## INTERROGATORIES

CAUSE NO. 80C01-\_\_\_\_-SC-\_\_\_\_ HEARING DATE:\_\_\_\_\_

1. State the correct name, address and telephone number of your company or partnership.  
Answer: \_\_\_\_\_  
\_\_\_\_\_
2. Is the following individual an employee of your company and if not considered an employee, please describe your relationship to this individual. Answer: \_\_\_\_\_  
\_\_\_\_\_
3. If yes, Social Security number of said individual \_\_\_\_\_
4. State the average weekly gross amount paid by your company to this individual.  
Answer: \_\_\_\_\_
5. Is this individual on any type of leave and if so, please describe the circumstances and duration of such leave? Answer: \_\_\_\_\_
6. To the best of your knowledge, state whether or not there are any garnishment orders at this time in effect against this individual, and, if so, state the cause numbers and amounts.  
Answer: \_\_\_\_\_
7. Does this Individual own any interest in your company or are there any debts due to this individual from your company? If so, please describe.  
Answer: \_\_\_\_\_

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

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Title/Position

RETURN INTERROGATORIES TO:

Tipton Circuit Court  
Small Claims Division  
Courthouse – 3<sup>rd</sup> Floor  
101 E. Jefferson Street  
Tipton, IN 46072

## EXEMPTION CLAIM AND REQUEST FOR HEARING

(Send this part to the Court)

THE HONORABLE JUDGE OF THE CIRCUIT  
COURT OF TIPTON COUNTY  
SMALL CLAIMS DIVISION  
COURTHOUSE - 3<sup>RD</sup> FLOOR  
101 E. JEFFERSON STREET  
TIPTON, INDIANA 46072

\*RE: Cause No. \_\_\_\_\_

I believe that all or part of the money in my account(s) that may have been frozen cannot be frozen since the account(s) contain exempt funds. I would like a hearing at the earliest time.

Check one:

\_\_\_\_\_ I am the judgment defendant

\_\_\_\_\_  
(Signature)

\_\_\_\_\_ I maintain a joint account with the  
judgment defendant

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

## EXEMPTION CLAIM AND REQUEST FOR HEARING

(Send this part to plaintiff's attorney)

TO: \_\_\_\_\_

\*RE: Cause No. \_\_\_\_\_

Plaintiff's Attorney (or Plaintiff if not represented by an attorney)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
Plaintiff's Name

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
Cause No.

I believe that all or part of the money in my account(s) that may have been frozen cannot be frozen since the account(s) contain exempt funds. I would like a hearing at the earliest time.

Check one:

\_\_\_\_\_ I am the judgment defendant

\_\_\_\_\_  
(Signature)

\_\_\_\_\_ I maintain a joint account with the  
judgment defendant

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone)

\*Plaintiff to complete