

Information or instructions: ~~Interrogatories~~

PREVIEW

1. The purpose of interrogatories is to direct written questions to a party to a lawsuit to obtain discovery information.
2. See Texas Rules of Civil Procedure Rule 197 for statutory authority applicable to the use of interrogatories. The interrogatories should be served upon the attorney of record for the prospective witness and must be answered or objected to within 30 days from the date of the service.
3. The number of questions asked must be limited so as not to require more than 30 answers.

Form: ~~Interrogatories~~

PLEASE DO NOT COPY

CAUSE NUMBER _____

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

[Court number]

vs.
[Name],
DEFENDANT

OF [NAME], COUNTY, TEXAS

[PLAINTIFF'S or DEFENDANT'S] INTERROGATORIES TO
[Identification of opposing party]
THIS DOCUMENT

To: [Name of party being served interrogatories], by and through [Name of party's attorney],

Attorney of record:

1. [Name of party serving interrogatories], [Plaintiff or Defendant] in the above styled and numbered cause, and pursuant to Rule 197 of the Texas Rules of Civil Procedure, serves the attached Interrogatories.

THANK YOU

2. You are advised that your Answers to these Interrogatories must be answered separately, in writing, and under oath within thirty-one (31) days from the date of the service of this pleading.

3. You are further notified that these Interrogatories and your sworn Answers to them may be offered in evidence at the trial of the above cause.

4. The Interrogatories which are submitted are attached.

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~~Respectfully Submitted,~~
PREVIEW

[Law Firm Name]

By _____

[Attorney's Name]

Attorney for [Plaintiff, Defendant or Movant]

[Attorney's Address]

[Telephone Number]

[Facsimile Number]

[Bar Card Number]

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CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing pleading or document has been served upon all attorneys of record and any parties who are not represented by an attorney on _____.

Attorney for: [Other attorney's client's name]

Attorney's name: [Other attorney's name]

Attorney's address [Other attorney's address]

Type of Service: **THIS DOCUMENT**

___ U.S. Mail, Certified Return Receipt Request No. _____.

___ U.S. Mail, First Class.

___ Hand delivery by [name of delivery service]: _____.

___ Facsimile transmission to _____ [fax number] before 5 p.m.

[Attorney's signature]

THANK YOU

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