

Information & Instructions: ~~Post judgment discovery~~

PREVIEW

1. The purpose of Post judgment discovery, either by deposition or interrogatories, is to ascertain what assets the debtor has that may be used to satisfy the judgment lien.
2. Frequently the debtor is not cooperative in disclosing that information. Accordingly interrogatories and depositions may be used to obtain the necessary information on the debtor's assets.

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Form: Plaintiff's interrogatories in aid of judgment

PREVIEW

CAUSE NUMBER _____

[Name],
PLAINTIFF

IN THE [Type of Court] COURT

[Court number]

vs.

[Name],
DEFENDANT

OF [NAME], COUNTY, TEXAS

PLAINTIFF'S INTERROGATORIES IN AID OF JUDGMENT

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To: [name of defendant], Defendant, and [his or her] attorney of record, [name of defendant's attorney]:

Per the Texas Rules of Civil Procedure, you are required to:

1. Answer in complete detail and in writing each of the succeeding interrogatories.
2. Sign your answers to the questions.
3. Swear to the truth of your answers before a notary public or other judicial officer.
4. Deliver a complete, signed, and notarized copy of your answers to the undersigned attorney within thirty-one (31) days.
5. File a true copy of your answers with the Clerk of the Court shown above, together with proof of service thereof.

If you fail to comply with the requirements above, the Court may order you held in contempt of court, fined, confined in jail until you obey all of the orders of the Court and to pay additional attorney fees.

THANK YOU

Respectfully Submitted,

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[Case Filing Name]

By _____

PREVIEW

[Attorney's Name]

Attorney for Plaintiff

[Attorney's Address]

[Telephone Number]

[Facsimile Number]

[Bar Card Number]

CERTIFICATE OF SERVICE

I certify that a true and correct copy of the foregoing Plaintiff's Interrogatories in Aid of Judgment 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:

___ 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]

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INTERROGATORIES
PREVIEW

1. State the indicated information:

- a. Full legal name _____
- b. Other names you have ever used _____
- c. Date of birth _____
- d. Social Security Number _____

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- f. Driver's License issued by State of _____
- g. Business address _____
- h. Residence address _____
- i. Business telephone _____
- j. Residence telephone _____

2. If funds received from your employer or that of members of your family residing with you are in a checking or savings account, then for each account state: name and address of institution, name of account, account number, present balance, authorized signatures: [Name]

3. If you have been employed or done business during the past two years, then state:

- a. The nature of each employment or occupation you have had: _____
- b. Each trade name or assumed name under which you have done business and complete address where each such business was conducted: _____
- c. The full name and present address of each person who engaged in any partnership or business enterprise with you: [Name]

4. Using the information on your income tax returns of the past two (2) years, state the source and amount of each item of income listed for the year ended [years]: _____

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5. If you have an ownership interest or a leasehold interest in any real estate, then state, with respect to each parcel, the street address, full legal description, description of each structure or improvement, name and address or any other person who has an ownership interest in the property, ownership of property as stated in document of title, recording reference and present location of each document of title and present value of your equity in each property: _____

6. If you own any motor vehicles, then state: year, make, model, license number, motor number, serial number, state, estimated value: _____

7. Please list any and all personal property which you own, possess or control: (use attachments if necessary): _____

8. If you have ownership interest in any business, then state:

a. Full name of business: [Name]

b. Full address of principal of business or general office: [Name]

c. Address of each place where business is conducted: _____

d. Type of business conducted: _____

e. Form of business organization: _____

f. Date you acquired your interest: _____

g. Exact present value of your interest: _____

h. Percentage of total your interest represents: _____

i. Your office or position: _____

j. Full name and address of each officer and director or partner: _____

k. For any bank or other institution at which the business maintains any type of account, state the name and address of institution, type of account, name of account, and account number: _____

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Respectfully Submitted,
PREVIEW

[Law Firm Name]

By _____

[Attorney's Name]

Attorney for Plaintiff

[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 Plaintiff's Interrogatories in Aid of Judgment has been served on the Defendant and Judgment Debtor or 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. _____.

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

[Attorney's signature]

THANK YOU

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