Information Subpoena

Off Ph	orney(s): ice Address: one: orney(s) for:	Fax:			
				Superior Court Law Division, S	of pecial Civil Part County
			Plaintiff(s) vs.	Docket/Case#	Civil Action
			Defendant(s)	I nformation S	Subpoena
Τł	ne State of	,	to:		
from par to a Eve	ril Part, Co rious dates, remains due ar Attached to this Info m the date you receive this rty may ask the court to con appear at the hearing and If this judgment has appropriate motion to the ren if you dispute the judgm You must answer each eleading answers may subj ome and assets of other liv	rmation Subpoena is a list is subpoena. If you do not a nduct a hearing in order to explain your reasons for your sulted from a default you court. Contact an attorned the poly our must answer all look of question giving completed.	plus attorney's of 16 questions that co answer the attached quest of determine if you show our failure to answer. It may have the right to by or the clerk of the cout of of the attached questifute answers, attaching and the court. However, you	ourt rules require ye estions within the toold be held in content have this default jurt for information ons. I dditional pages if now interest in the ass	necessary. False of information concerning the ets or income. Be sure to
Da	ted:/	A., E		CL I	
1. 2.	Full Name Street Address City State and Zin Code	Attorney For		Clerk	

- City, State and Zip Code
- **3.** Birth Date
- **4.** Social Security No.
- 5. Driver's license number and expiration date
- **6.** Telephone No.
- **7.** Full name and address of your employer
 - (a) Your weekly salary: Gross
- (b) If not presently employed, name and address of last employer.
- 8. Is there currently a wage execution on your salary? [] Yes [] No
- 9. List the names, addresses and account numbers of all bank accounts on which your names appears.

10.	If you receive money from any of the following sources, list the amount, how often, and the name and address of the						
	purce: <u>ype </u>						
	limony						
	oan Payments						
	ental Income ensions						
	ank Interest						
	tock Dividends						
	o you receive Social Security benefits? [] Yes [] No						
14.	o you own the property where you reside? [] Yes [] No a) Name of the owner or owners						
	Date property was purchased						
	e) Purchase price						
	Name and address of mortgage holder						
	e) Balance due on mortgage:						
13.	o you own any other real estate: [] Yes [] No If Yes, state the following for each property:						
	1: (a) Address of any newton						
	(a) Address of property(b) Date property was purchased						
	(c) Purchase price						
	(d) Name and address of all owners						
	(e) Name and address of all mortgage holder						
	(c) Ivalic and address of all mortgage holder						
	(f) Balance due on mortgage						
	(g) Name and address of all tenants and monthly rental paid by each tenant. 2:						
	(a) Address of property						
	(b) Date property was purchased						
	(c) Purchase price						
	(d) Name and address of all owners						
	(e) Name and address of all mortgage holder						
	(f) Balance due on mortgage						
	(g) Name and address of all tenants and monthly rental paid by each tenant.						
14.	o you own a motor vehicle: [] Yes [] No If Yes, state the following for each vehicle owned:						
	 Make, model and year of motor vehicle If there is a lien on the vehicle, state the name and address of the lien holder and the amount due to the lien holder 						
	2) License plate #						
15.	l) Vehicle Identification # o you own a business? [] Yes [] No If Yes, state the following:						
10.	a) Name and address of business						
	b) Is the business a corporation [], sole proprietorship [], or partnership []? c) The name and address of all stockholders, officers and/or partners						
	The name and address of all stockholders, officers and/of partners						
	1) The amount of income received by you from the business during the last twelve months						
16.	et forth all other judgments that you are aware of that have been entered against you and include: Creditor's Name Creditor's Attorney Amount Due Name of Court Docket #						
	Creditor's Name Creditor's Attorney Amount Due Name of Court Docket #						
	I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made						
by 1	by me are willfully false, I am subject to punishment.						
	Signature Date						