

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

IN THE ALLEN SUPERIOR COURT
SMALL CLAIMS DIVISION
FORT WAYNE, INDIANA

CASE NUMBER:

Plaintiff/Creditor

VS.

VOLUNTARY WAGE ASSIGNMENT

Defendant/Judgment Debtor

And

Employer/Wage Withholder

XXX-XX-_____ (last 4 digits only)
Social Security Number

Street Address

City, State

Zip Code

The parties in this cause now agree that there is an outstanding balance of the judgment in this case. The signature of the defendant/judgment debtor indicates that he/she consents to voluntary assignment of wages from his/her employer to satisfy the judgment rendered in the above-captioned matter. This agreement is being submitted in accordance with IC 22-2-6-2 (amended July 1, 2001). It is made in accordance with an agreement between the employee/defendant and the creditor and is NOT a garnishment under IC 34-25-3.

To the Employer/Wage Withholder:

You are instructed to deduct from the above defendant/employee the amount of \$_____ every [Week] [Two Weeks] [Month] until the total owed has been paid.

Judgment \$ _____

Costs \$ _____

Interest \$ _____

Total \$ _____

This wage assignment by its terms is revocable at any time by the employee upon written notice to the employer.

plus interest at the rate of _____% per annum from the date of this assignment.

Date: _____

Signature of Attorney/Creditor

Street Address

City, State

Zip Code

Telephone Number

Date: _____

Signature of Judgment Debtor/Employee

PAYMENT GUIDELINES FOR EMPLOYERS / WAGE WITHHOLDERS ON SMALL CLAIMS CASES

In order for funds to be applied by the Clerk's Office, the following information must be included with every payment submitted:

- 1) **Individual's full name.**
- 2) **Court's full case number** (located at the upper right corner of the wage assignment, beginning with 02D01, etc.).
- 3) When a group of names are submitted (rather than one check per person), the above two items should be listed for each person, in addition to the amount of money to be applied to each case.
- 4) Please remit your payment and the above information to:

**Clerk of Allen Circuit and Superior Courts
Small Claims Division
715 S. Calhoun St., Room 200
Fort Wayne, IN 46802**

This information is vital to the timely and accurate processing of payments received. Your cooperation is greatly appreciated. If you have questions regarding the guidelines described above, you may contact the Clerk's Office at (260) 449-7130.