

STATE OF INDIANA

IN THE WAYNE SUPERIOR COURT NO. 3

COUNTY OF WAYNE

CAUSE NO. 89D03-_____

_____, vs. _____,
Plaintiff(s), Defendant(s).

VERIFIED MOTION FOR HARDSHIP GARNISHMENT

I, the defendant, am requesting that the Court modify the garnishment in this case due to financial hardship. In support of my request, I state the following:

1. Name: _____
2. Current address: _____
3. Number of adults living in the home: _____ Number of children living in the home _____
4. I own, rent, or other (explain) _____ my home.
5. Rent or mortgage payments owed per month: \$ _____
6. **Present** Employment (if currently employed):
 - a. Employer's Name: _____
 - b. I am paid weekly/biweekly/monthly (*circle one*).
 - c. My net ("take-home") pay: \$ _____
7. **Prior** Employment (if currently unemployed):
 - a. My most recent employer was: _____
 - b. My last date of employment (last day worked) was: _____
8. Business/rent income paid to me per month: \$ _____
9. Pension payments paid to me per month: \$ _____
10. Unemployment benefits paid to me per month: \$ _____
11. Social Security Disability and/or SSI benefits paid to me per month: \$ _____
12. Welfare/food stamp/TANF assistance paid to me per month: \$ _____
13. Alimony and/or child support payments paid to me per month: \$ _____
14. Alimony and/or child support that I am ordered to pay to someone else per month: \$ _____
15. Groceries/food cost per month: \$ _____
16. Average electric, gas, water, and sewer utilities bill(s) owed per month: \$ _____
17. Television (cable, Direct TV, Netflix, etc.) bill(s) owed per month: \$ _____
18. Internet access bill(s) owed per month: \$ _____
19. Telephone/cellphone bill(s) owed per month: \$ _____
20. Student loan payments owed per month: \$ _____
21. Other loan payments owed per month: \$ _____
22. Credit card payments owed per month: \$ _____
23. Medical insurance premium owed per month: \$ _____
24. Automobile/car insurance premium owed per month: \$ _____
25. Outstanding medical expenses not covered by insurance: \$ _____

I swear or affirm, under the penalties of perjury, that the information listed is true, accurate, and complete. I understand that if I listed false or misleading information, I could be held in contempt of court and/or may be charged with Perjury, a Level 6 Felony.

Date

Defendant's Signature

CERTIFICATE OF SERVICE

I hereby certify that I have delivered or will deliver a copy of this Request **to the plaintiff** by:
 hand-delivery or by depositing the document in the U.S. Postal Service, first-class postage prepaid, on or before the date of filing.

Plaintiff's address: _____

Defendant's Signature