

STATE OF INDIANA
COUNTY OF WAYNE

IN THE WAYNE SUPERIOR COURT 3
CAUSE NO. 89D03-_____

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

VOLUNTARY WAGE ASSIGNMENT

Plaintiff(s) and Defendant agree that there is an outstanding balance of the judgment in this case. Defendant's signature below indicates that he or she consents to a voluntary assignment of the wages due from his or her employer to satisfy the judgment rendered in this case, as allowed by I.C. 22-2-6-2. This voluntary wage assignment is an agreement between the Plaintiff(s) and Defendant and is not a garnishment pursuant to I.C. 34-25-3.

Defendant owes the following:

DAMAGES	\$ _____
PRE-JUDGMENT INTEREST	\$ _____
ATTORNEY FEES	\$ _____
COURT COSTS	\$ _____

plus, post-judgment interest and sheriff service fees.

Defendant agrees that his/her employer shall deduct \$ _____ weekly/bi-weekly/monthly (circle one) from Defendant's wages until the total judgment has been paid or until the voluntary wage assignment has been revoked by Defendant. This voluntary wage assignment by its terms is revocable at any time by Defendant/employee upon written notice to the employer.

Plaintiff(s) agrees to this payment arrangement, and shall not execute on this judgment as long as the payments are current.

Plaintiff 1 Signature Date

Defendant's Signature Date

Plaintiff 2 Signature Date

Defendant's Street Address

City, State, Zip Code

XXX-XX (last 4 digits only)
Defendant's Social Security Number

Defendant's employer agrees to process the deductions from Defendant's wages as specified above and remit the withheld wages to the Wayne County Clerk of Courts, Attn: Small Claims Division, 301 East Main Street, Richmond, Indiana 47374, including Defendant's name and Cause No. with each payment.

Name of Defendant's Employer

Signature of Employer or Authorized Staff

Employer's Street Address

Printed Name of Employer or Staff

Employer's City, State, Zip Code