

STATE OF INDIANA )  
 )SS:  
COUNTY OF WAYNE )

IN THE WAYNE SUPERIOR COURT NO. 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/she consents to a voluntary assignment of the wages due from his/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 from Defendant's wages** until the total judgment has been paid or until the voluntary wage assignment has been revoked by Defendant.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	
		_____ <u>XXX-XX</u> (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 Address, City, State, Zip Code	_____ Printed Name of Employer or Authorized Staff