

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

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

Plaintiff

VS.

Defendant

XXX-XX-_____
Social Security Number (Last 4 Digits Only)

AND

Garnishee Defendant

Street Address

City, State Zip Code

Plaintiff appears and makes proof of service of notice of hearing upon Defendant, _____
and upon Garnishee Defendant _____.

The Court now finds and orders:

1. That the answers to the interrogatories show that the Defendant owns or has an interest in account(s) of deposit maintained by Garnishee Defendant.
2. That Defendant is liable to the Plaintiff on a judgment in an amount as follows:

A. Judgment Amount	\$ _____
B. Costs Assessed	\$ _____
C. Sheriff Service Fees	\$ _____
D. Private Process Fees	\$ _____
E. Post-Judgment Interest	\$ _____
<u>Total Amount Owning</u>	\$ _____

(Interest owing at the rate of _____ percent per annum from the date of this order will be applied to the Judgment Amount.)

3. Neither Defendant nor any other depositor claiming an interest in the aforesaid account(s) has claimed that any portion of the funds in said account(s) is exempt from garnishment pursuant to I.C. 28-9-3-4 and 5.
4. The Garnishee Defendant is ordered to pay over to the Clerk of this Court an amount not to exceed the total amount owing in this cause from the Defendant's account of deposit as maintained by Garnishee Defendant.
5. Upon payment, the restriction on withdrawals imposed by order of this Court, pursuant to I.C. 28-9-4-2 and 3, is removed.

Date: _____

Judge / Magistrate, Allen Superior Court

Attorney Preparing Garnishment Order

Street Address

Attorney E-mail Address

City, State Zip Code

Telephone Number

Supreme Court ID Number

Certificate of Service

I hereby certify that a copy of this document was sent to the parties or their counsel by _____
(US Mail, E-Service, Sheriff, other manner allowed by IN Trial Rules).

Date

Name

BANKING INSTITUTION GARNISHMENT ORDER

PAYMENT GUIDELINES FOR THE GARNISHEE DEFENDANT

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 garnishment order, 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 along with 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.