

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ALLEN )

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

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Plaintiff(s)

VS.

## POST JUDGMENT PAYMENT AGREEMENT

\_\_\_\_\_  
Defendant(s)

\_\_\_\_\_  
Defendant's Name

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Street Address

SS#: XXX-XX-\_\_\_\_\_ (last 4 digits only) DOB: \_\_\_\_\_

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

Employer: \_\_\_\_\_

The parties to this action have agreed that the judgment rendered in this cause shall be satisfied by the Defendant as follows: Defendant in person, and Plaintiff [in person] [by counsel]. Parties agree that balance of the judgment is \$\_\_\_\_\_, plus interest as of the date of judgment at \_\_\_% per annum, for a total of \$\_\_\_\_\_ as of \_\_\_\_\_. Defendant hereby agrees to pay \$\_\_\_\_\_ payable the \_\_\_\_\_ of each [week] [month] [ \_\_\_\_\_ ] and thereafter until judgment and interest are paid in full. Defendant agrees to contact [Plaintiff] [Plaintiff's attorney] of any employment or address change. If Defendant fails to comply with this agreement, Plaintiff shall have the right to pursue collection without notice.

As long as payment is made as agreed, further proceedings will be withheld by the Court.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Plaintiff / Attorney for Plaintiff

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Printed Name of Plaintiff / Attorney for Plaintiff

\_\_\_\_\_  
Printed Name of Defendant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Supreme Court ID Number

## **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 payment agreement, 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.