

STATE OF INDIANA )  
 ) SS:  
COUNTY OF ALLEN )

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

CASE NUMBER:

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

VS.

\_\_\_\_\_  
Defendant

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

\_\_\_\_\_  
City, State Zip Code

**VERIFIED MOTION FOR PROCEEDINGS SUPPLEMENTAL TO DEFENDANT**

Plaintiff / Plaintiff's counsel appears and states that to the best of its/his/her knowledge:

1. Plaintiff owns the judgment rendered in this case against the Defendant(s);
2. Plaintiff's judgment is unsatisfied, with a balance due upon judgment, interest and costs in the amount of \$\_\_\_\_\_; and
3. Plaintiff has no cause to believe that levy of execution against the Defendant(s) will satisfy the judgment.

Plaintiff requests that the Court issue an order notifying Defendant(s) of these proceedings and requiring the Defendant(s) to contact Plaintiff's counsel to provide information concerning its/his/her income and assets.

I affirm, under the penalty of perjury, that the foregoing representations are true.

\_\_\_\_\_  
Street Address of Plaintiff / Attorney

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

\_\_\_\_\_  
City, State Zip Code

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

\_\_\_\_\_  
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

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City, State

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

**ORDER GRANTING MOTION FOR PROCEEDINGS SUPPLEMENTAL  
TO DEFENDANT**

Plaintiff files verified motion for proceedings supplemental. Motion granted. Any prior proceedings supplemental pending against Defendant(s) \_\_\_\_\_

in this cause is ordered dismissed.

TO THE DEFENDANT:

You are ordered to contact Plaintiff's counsel by telephone at \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ A.M./P.M. to provide information about your income and assets.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge / Magistrate, Allen Superior Court

Certificate of Service

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Name