

Clerk of the Decatur Circuit Court

150 Courthouse Square, Room 244

Greensburg, Indiana 47240

Phone: (812)663-8223

Email: [clerk@decaturcounty.in.gov](mailto:clerk@decaturcounty.in.gov)

Decatur Superior Court

Small Claims Division

150 Courthouse Square, Room 211

Greensburg, Indiana 47240

Magistrate Phone: (812) 222-3804

**VOLUNTARY WAGE ASSIGNMENT**

CASE NO. 16D01-\_\_\_\_\_ -SC-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Judgment Defendant  
SSN: XXX-XX-\_\_\_\_\_

and

\_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
**\*Email**

\_\_\_\_\_  
**\*Email**

I owe the unpaid judgment balance in the amount of \$\_\_\_\_\_. I hereby authorize my employer to deduct from my wages the sum of \$\_\_\_\_\_ every pay period to satisfy the judgment in this case that is owed by me to the plaintiff. The balance of the judgment is \$\_\_\_\_\_ plus interest that accrues at 8% per year until the judgment is paid in full. This Voluntary Wage Assignment shall continue until: (1) the judgment and accrued interest has been paid in full or (2) I revoke this Voluntary Wage Assignment by written notice to my employer.

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

\_\_\_\_\_  
Judgment Defendant's Signature

**\*Pre-Addressed, Postage Prepaid Envelopes Must be Provided by Plaintiff\***

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**ORDER ON VOLUNTARY WAGE ASSIGNMENT**

CASE NO. 16D01-\_\_\_\_\_ -SC-\_\_\_\_\_

\_\_\_\_\_  
Plaintiff,

vs.

\_\_\_\_\_  
Judgment Defendant  
SSN: XXX-XX-\_\_\_\_\_

and

\_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
**\*Email**

\_\_\_\_\_  
**\*Email**

The parties filed their Voluntary Wage Assignment pursuant to Indiana Code § 26-22-6-2. The Court now finds that there is an unpaid judgment balance of \$\_\_\_\_\_ and orders as follows:

- (1) Upon acceptance of the Voluntary Wage Assignment by the employer, the parties shall carry out the terms of the Voluntary Wage Assignment until the judgment and interest are paid in full.
- (2) The employer shall write the case number on all checks and make all checks payable to the Clerk of the Decatur Circuit Court, 150 Courthouse Square, Suite 244, Greensburg, Indiana 47240.
- (3) This Voluntary Wage Assignment may be revoked by the Judgment Defendant upon providing written notice to the employer.

SO ORDERED: \_\_\_\_\_

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

Distribution:  
Plaintiff  
Defendant  
Employer

**CERTIFICATE OF MAILING**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I mailed a copy of this notice to each of the defendant(s) \_\_\_\_\_ by certified mail requesting a return receipt addressed to each of said defendant(s) \_\_\_\_\_ at the address(es) furnished by the plaintiff.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Clerk, Decatur Superior Court

**RETURN OF SERVICE OF NOTICE OF MAIL**

I hereby certify that service of notice with return receipt requested was mailed on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, and that a copy of return receipt was received on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, which copy is attached herewith.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Clerk, Decatur Superior Court

**CERTIFICATE OF CLERK OF NOTICE NOT ACCEPTED BY MAIL**

I hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, I mailed a copy of this notice to each of the defendant(s) \_\_\_\_\_ by certified mail, and the same was returned without acceptance this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, and I did notify plaintiff by mail this date of such non-delivery.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Clerk, Decatur Superior Court

**RETURN OF SERVICE OF NOTICE**

I hereby certify that I have served the within notice:

- (1) by delivering on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, a copy of this notice of claim of each of the within-named defendant(s) \_\_\_\_\_, or
- (2) By leaving on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ for each of the within-named defendant(s) \_\_\_\_\_, a copy of the notice of claim at the respective dwelling, house or usual place of abode of \_\_\_\_\_ and by mailing a copy of the notice to \_\_\_\_\_ at his last known address.

\_\_\_\_\_  
Sheriff of \_\_\_\_\_ County, Indiana

By \_\_\_\_\_  
Deputy