

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

IN THE ALLEN SUPERIOR COURT
SMALL CLAIMS DIVISION
CAUSE NO: _____

Plaintiff,

vs.

Defendant.

MOTION FOR HEARING ON REDUCTION OF GARNISHMENT

Comes now _____, and files this motion with the Court seeking a reduction of the Garnishment Order issued on _____, or to be issued on _____; and in support states the following:

Please list income below:

Current Employer: _____

Hourly Wage: _____/hr or Yearly Salary: _____yr

Pay Frequency: ___ Weekly ___ Bi Weekly ___ Semi-Monthly ___ Monthly

Average Take Home Pay per Pay Period: _____

Other Income (per month): _____ Explanation: _____

Any benefits (i.e. SSI, housing assistance) paid on your behalf: _____

Please list expenses below:

Monthly Rent: _____ or Monthly Mortgage: _____

Housing Insurance: _____

Average Monthly Utilities: _____

Auto Loan Payment: _____

Auto Insurance: _____

Health Insurance: _____

Monthly Medical Expenses not covered by insurance: _____

Childcare Expenses: _____

Average Monthly Groceries: _____

Internet: _____

Cell Phone: _____

Please answer the following:

Number of adults living in home: ___ Children: ___

Please explain why you are requesting a reduction of garnishment: _____

Signature

Street

City, State & Zip Code

Phone Number

E-Mail Address

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing has been served upon _____ by placing in the United States Mail, first-class postage prepaid, to the address of record, or by depositing it with the Court for the attorney's distribution box, this _____ day of _____, 20_____.

Signature