

**IN THE LAGRANGE SUPERIOR COURT
SMALL CLAIMS DIVISION
COURTHOUSE, SUITE 2
105 NORTH DETROIT STREET
LAGRANGE, IN 46761
CLERK: (260) 499-6375
COURT: (260) 499-6363**

CAUSE NO. 44D01-_____

Plaintiff

vs.

Defendant

POST JUDGMENT AGREEMENT

Defendant: _____

Address: _____

Social Security Number: XXX-XX-_____ Date of Birth: _____

Employer: _____

The Defendant(s) agree to pay the judgment in this case at the rate of \$_____ per week - month - every two weeks starting _____, _____. The Plaintiff agrees to accept this amount and to file no further Court proceedings to collect this judgment provided the payments are current.

Payment shall be made through the Clerk of this Court unless agreed otherwise between the parties. Payment must include the cause number listed above and be by personal check, money order, cash or certified check if made through the Clerk's Office. **Do not mail cash.** Interest of 8% per annum may be assessed by the Plaintiff until judgment is paid in full.

Dated: _____

Plaintiff

Defendant

ORDER APPROVING POST JUDGMENT AGREEMENT

The parties' Post Judgment Agreement set forth above is approved and the parties are ordered to carry out its terms. This case is taken off docket.

Dated: _____

Lisa M Bowen-Slaven, Judge
LaGrange Superior Court

