

State of Tennessee	Court (Must Be Completed)	County (Must Be Completed)
<h2 style="margin: 0;">Request to Make Payments</h2> <p style="margin: 0;">(Motion and Affidavit for Installment Payments and Order)</p>		File No. _____ (Must Be Completed)
		Division _____ (Large Counties Only)
Plaintiff/Creditor _____ (Name: First, Middle, Last of person/company that filed lawsuit)		
Defendant/Debtor _____ (Name: First, Middle, Last of the other person)		

You must go to Court on (Court Date): _____ at _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Courtroom: _____ (Court, Address, Zip)
Reset Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Review Date: _____ Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

To ask the court to allow you to make payments on this case, you must:

- Send a copy of your completed form to the Plaintiff/Creditor or his/her lawyer, and
- Go to a court on the date listed above that the clerk's office gave you.
- Do not agree to pay more than you can afford. At this time, the law allows you to keep at least \$217.50 of your weekly paycheck. If your weekly pay is more than \$217.50, the amount that can be taken (garnished) is the difference between your net weekly pay and \$217.50 or 25% of your net wage, whichever is greater.

You may have to pay a filing fee. Can't afford the fee? Ask the court clerk for a paper called a Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency). Or go on the internet to www.tncourts.gov or www.justiceforalltn.com to get the form.

① I ask the court to allow me to make payments of (amount): \$_____ beginning _____ (date) toward this judgment, pursuant to Tennessee Code Annotated 26-2-216.

This amount will be paid (check **one**): Weekly Bi-weekly Monthly

② **Your Information**

Full Name: _____

Address: _____
street address city state zip

Tel. (home): _____ (work): _____ (cell): _____

Birth date (mm/dd/yy): _____

③ **Dependents**

List your dependents below.

Name	Age	Relationship	Name	Age	Relationship

1.			4.		
2.			5.		
3.			6.		

④ Employment: If you are working now, fill out below. If not working now, check here:

Employer's name: _____

Employer's address and tel. #:

_____ street address city state zip tel #

How much do you earn after taxes are deducted?

\$ _____ each (check **one**): week month Other: _____

⑤ Other Income: List **any** other income that you get now or expect to get.

Source of Income	How much do you get?	Source of Income	How much do you get?
<input type="checkbox"/> AFDC	\$ _____ / month	<input type="checkbox"/> Unemployment	\$ _____ / month
<input type="checkbox"/> Social Security	\$ _____ / month	<input type="checkbox"/> Worker's Comp.	\$ _____ / month
<input type="checkbox"/> Retirement	\$ _____ / month	<input type="checkbox"/> Other*	\$ _____ / month
<input type="checkbox"/> Disability	\$ _____ / month	<input type="checkbox"/> SSI	\$ _____ / month

* Explain source of Other income here.

Other:

⑥ Assets: List all assets that you own separately, with your spouse or with someone else:

	Fair Market Value	Money still owed	=
1. Car, truck, or other vehicle			\$ _____
2. Other car, truck, or other vehicle			\$ _____
3. House, condominium, land			\$ _____
4. Other house, condominium, land			\$ _____
List all bank/financial accounts below:			

Bank name		Balance
5.		\$ _____
6.		\$ _____
7. Cash		\$ _____
Total:		\$ _____

Other: _____

⑦ Expenses

	How much each month?		How much each month?
<input type="checkbox"/> Rent/House Payment	\$ _____	<input type="checkbox"/> Gas	\$ _____
<input type="checkbox"/> Phone	\$ _____	<input type="checkbox"/> Child Care	\$ _____
<input type="checkbox"/> Groceries	\$ _____	<input type="checkbox"/> Court-ordered Child Support	\$ _____
<input type="checkbox"/> School Supplies	\$ _____	<input type="checkbox"/> Transportation	\$ _____
<input type="checkbox"/> Electricity	\$ _____	<input type="checkbox"/> Medical/Dental	\$ _____
<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Other	\$ _____
<input type="checkbox"/> Water	\$ _____	<input type="checkbox"/> Other	\$ _____

⑧ Debts:

Who do you owe?	How much do you owe?	Who do you owe?	How much do you owe?
1.	\$ _____	4.	\$ _____
2.	\$ _____	5.	\$ _____
3.	\$ _____	6.	\$ _____

⑨ List any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc.

⑩ I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.

Sign here:  _____ Date: _____

Sworn and subscribed before me this _____ day of _____, 20_____.

**Bring the original and 2 copies of this form to the Court Clerk to be date stamped.
Give the original to the Court Clerk.
Bring a stamped envelope addressed for each plaintiff to the Court Clerk. Mail one copy to the lawyer or if there is no lawyer, mail it to the plaintiff or company that sued you. Keep one copy for yourself.**

Certificate of Service:
(How I gave this paper to the Plaintiff/Creditor)

I certify that I (check one box)

- hand delivered or
- mailed by first-class mail, properly addressed, a true and correct copy of this paper to the person listed below at the address below:

Name of Who You Are Giving This To (The creditor's lawyer or the plaintiff/creditor if no lawyer)

Address of the Lawyer or the Creditor (Include City, State and Zip Code)

on _____
(Date you mailed/hand-delivered the copy)



Sign Your Name

IMPORTANT!

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.

The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.

DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT.

- The court **denies** this Request because (judge will check all that apply):
 - The defendant did not prove s/he has the right to make payments.
 - The defendant did not go to the court hearing for this case. This *Request* is dismissed.
 - The defendant must pay court costs of: \$ _____



- The court **approves** this Request because the defendant proved s/he has the right to make payments. Garnishment will end, and the defendant will pay as follows:
 - Payments of: \$ _____, on the _____ day of each (month, week, other): _____ starting (date): _____ until (date of final payment): _____
 - Payments will be made to (check one): Plaintiff or his/her lawyer Court Clerk

This decision was made by (*check one*): The Plaintiff did not show up to court (Default) After a court hearing. By agreement of the parties.

A review of this decision is set for (Date) _____ at (Time) _____ a.m. p.m.
(Location) _____

Judge's signature: _____ Date: _____