

MOTION FOR INSTALLMENT PAYMENTS

Case Number _____

page 1 of 1

vs.

Date of notice to Plaintiff: _____

Date of notice to Garnishee: _____

Clerk/Deputy: _____

Hearing: _____

Reset for: _____

Comes the Defendant(s) pursuant to Tennessee Code Annotated §26-2-216 and would move this Honorable Court to reduce the judgment heretofore entered in this cause in the amount of _____ to installment payments in the amount of _____ per _____. In support of this motion the Defendant(s) would offer the Affidavit of Income and Property attached hereto. Defendant(s) would further allege that the payment schedule is the maximum payment Defendant(s) can reasonably make on said judgment. Defendant(s) would allege there are no other sources of income other than the wages from the employer set forth in said Affidavit. Defendant(s) further acknowledges that if a previous agreement to pay the judgment by installment payments has been entered, the filing of this motion does not stay the issuance, execution or return of any writ of garnishment against wages or salary due to the Plaintiff or any satisfaction or payment of or upon such judgment.

Date: _____

Defendant signature

JUDGMENT

This cause came to be heard upon Defendant's Motion for Installment Payments on the judgment entered in this cause, and upon

- Agreement of the parties Hearing Default
- Defendant(s) having shown good cause that they are entitled to the relief sought, the judgment in this cause is commuted to installment payments in the sum of \$ _____ to be paid each _____, beginning _____, and further execution by garnishment is hereby stayed.
- Payments to be made directly to Plaintiff or Plaintiff's attorney/agent
- Payments to be made through the Clerk of the Court
- Defendant's Petition is hereby dismissed:
- Defendant(s) having failed to show good cause for the Petition;
- Defendant(s) having failed to appear and support the Petition
- Costs are taxed to Defendant(s).

Date: _____

Judge

Attorney for Plaintiff:

Attorney for Defendant:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

General Sessions Court
Carter County
Elizabethton, Tennessee

AFFIDAVIT OF INCOME AND PROPERTY

Case Number _____

vs.

Comes now the Defendant(s) and, subject to the penalty of perjury, makes oath and says that the following facts are true and that there is NO OTHER source of income or property other than that described below:

1. Full name: _____
Address: _____
Phone # _____
Soc. Sec. No. _____
Employer: _____
Phone # _____

7. List all land/house/real estate/property you own:
DESCRIBE VALUE
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

8. List all personal property/cars/trucks/
furniture/stocks/bonds/tools/equipment you own and its total
value:
DESCRIBE VALUE
Cars _____ \$ _____
Trucks _____ \$ _____
Other _____ \$ _____
_____ \$ _____
_____ \$ _____

9. List all assets/property sold or transferred in the last six
months:
DESCRIBE VALUE
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

10. The last income tax I filed was for _____ and it reflected
an income of \$ _____ and I attach a copy hereto or will
file the same within seven days.

LIST ALL PROPERTY YOU CLAIM TO BE EXEMPT
PURSUANT TO LAW:
All clothing for myself and my family; all receptacles for said
clothing; family portraits; family Bible; school books; and

VERIFICATION AND OATH: Comes now the
Petitioner(s) / Defendant(s) and makes oath, subject to the
penalty of perjury, that the information in this Motion for
Installment Payment is true to the best of Petitioner's
knowledge, information and belief.
Defendant(s) _____

Sworn to and subscribed before me
on _____

Clerk/Deputy Clerk/Notary Public

Commission Expires _____

2. List all dependents:
Name Age Relationship

3. List all income from any source:
\$ _____ per/wk /mo
from _____
\$ _____ per/wk /mo
from _____
\$ _____ per/wk /mo
from _____

I receive CHILD SUPPORT in the sum of
\$ _____ per _____

4. List all bank accounts:
ACCOUNT BANK/SOURCE BALANCE
Checking _____ \$ _____
Savings _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

5. List all debts:
CREDITOR/ADDRESS BALANCE
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

6. List all monthly household expenses:
Rent/Mortgage: \$ _____
Utilities: \$ _____
Health Insurance: \$ _____
Transportation Cost: \$ _____
Food: \$ _____
Clothing: \$ _____
Other: \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL \$ _____