

**SMALL CLAIMS
AGREEMENT FOR PROPOSED PAYMENT ORDER**

**MASSACHUSETTS TRIAL COURT
SMALL CLAIMS SESSION**



DOCKET NO.

COURT DIVISION

PLAINTIFF(S) NAME

DEFENDANT(S) NAME (if address has changed, please insert new address here)

AGREEMENT FOR PROPOSED PAYMENT ORDER

This form may not be submitted by mail. It may only be filed in court, with all parties present.

The parties in this case have reached the following PAYMENT AGREEMENT and request that it be issued as a COURT PAYMENT ORDER:

The current unpaid judgment amount is \$ _____

Defendant will pay to plaintiff (or other person authorized by plaintiff to receive payment) the total amount of \$ _____

☐ including post judgment interest

Check one:

☐ In one or more payment(s) to be made on or before _____
date

☐ In payments of \$ _____ ☐ weekly ☐ every two weeks ☐ monthly beginning on

_____ until the full judgment amount stated above is paid.
date

☐ Comments or Instructions: _____

☐ This Agreement for Proposed Payment Order is being submitted with an Agreement for Entry of Judgment.

☐ This Agreement for Proposed Payment Order relates to a Judgment issued on _____
date

☐ The parties request a continuance date of _____
date

SIGNATURE OF PLAINTIFF OR ATTORNEY/BBO NO.

SIGNATURE OF DEFENDANT OR ATTORNEY/BBO NO.

DATE

CERTIFICATION OF DEFENDANT

- I understand and have completed the STATEMENT OF FINANCES AND INCOME form which is submitted with this Agreement for Proposed Payment Order.
- I understand that no payment should be made from exempt income and if my financial circumstances change such that payment is no longer possible or affordable that I may seek a modification of the payment order. I may at any time ask the court to CHANGE or VACATE the court order requiring me to pay.

SIGNATURE OF DEFENDANT

DATE

CERTIFICATION OF PLAINTIFF OR PLAINTIFF'S ATTORNEY

I certify that I have examined the defendant regarding the defendant's financial status and have reviewed the Statement of Finances and Income completed by the defendant. Based upon that examination and review, I certify to the court that it is my belief that the defendant has sufficient non-exempt income to satisfy the terms of this agreement.

SIGNATURE OF PLAINTIFF OR ATTORNEY/BBO NO.

DATE

**If this agreement is approved and ordered by the court, the court will complete a
Payment Order and make copies available to all parties**