

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

Case No. _____

Plaintiff

vs.

Defendant

I claim exemptions from garnishment under the following categories as checked:

- ____ 1. Head of family wages. (You must check a or b below).
 - ____ a. I provide more than one-half of the support for a child or other dependent and have net earnings of \$750 or less per week.
 - ____ b. I provide more than one-half of the support for a child or other dependent have net earnings of more than \$750 per week but have not agreed in writing to have my wages garnished.
- ____ 2. Social Security benefits.
- ____ 3. Supplemental Security Income benefits.
- ____ 4. Public assistance (welfare).
- ____ 5. Workers' Compensation.
- ____ 6. Unemployment Compensation.
- ____ 7. Veterans' benefits.
- ____ 8. Retirement or profit-sharing benefits or pension money.
- ____ 9. Life insurance benefits or cash surrender value of a life insurance policy or proceeds of annuity contract.
- ____ 10. Disability income benefits.
- ____ 11. Prepaid College Trust Fund or Medical Savings Account.
- ____ 12. Other exemptions as provided by law.

_____ (explain)

I request a hearing to decide the validity of my claim. Notice of hearing should be given to me at:

Address: _____

Daytime Telephone number: _____

The statements made in this request are true to the best of my knowledge and belief.

I HEREBY CERTIFY that a copy of the foregoing was provided to the Plaintiff and Garnishee, by: (check one of the following forms of delivery) _____ regular United States mail or _____ hand delivery on the _____ day of _____, 20_____

Defendant's Signature

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed to before me by _____ who is personally known to me _____ or produced _____ as identification this _____ day of _____, 20_____

Deputy Clerk or Notary Public State of Florida
My Commission Expires: _____