

IN THE _____ COURT OF THE
NINETEENTH JUDICIAL CIRCUIT IN AND FOR
INDIAN RIVER COUNTY, FLORIDA

CASE NO.:

ASSIGNED TO:

Plaintiff

vs.

Defendant

AND

Garnishee

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

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

- _____ 1. Head of family wages. (Check either "a" or "b" below, if applicable.)
 - _____ A. I provide more than one-half of the support for a child or other dependent and have net earnings of \$750.00 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 \$750.00 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. Reemployment assistance or 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: _____

Telephone number: _____

I CERTIFY UNDER OATH AND PENALTY OF PERJURY that a copy of this CLAIM OF EXEMPTION AND REQUEST FOR HEARING has been furnished by (circle one) United States mail or hand delivery on (insert date) _____ to: (insert names and addresses of Plaintiff or Plaintiff's attorney and of Garnishee or Garnishee's attorney to whom this document was furnished)

I FURTHER CERTIFY UNDER OATH AND PENALTY OF PERJURY that the statements made in this request are true to the best of my knowledge and belief.

Defendant's signature

Date _____

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____, 20__ by

Notary Public/Deputy Clerk

Personally known _____ OR Produced Identification _____

Type of Identification Produced: _____