

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

Plaintiff(s)/Judgment Creditors(s),

v.

Case No.: _____

Defendant(s)/Judgment Debtor(s),

Division: _____

Garnishee.

_____ /

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

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 \$500 or less per week.
 - ___ b. I provide more than one-half of the support for a child or other dependent, have net more than \$500 or less per week.
- ___ 2. Social Security benefits
- ___ 3. Supplemental Security 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 the hearing should be given to me at:

Address: _____

Telephone Number: _____

The statements made in this request are true and based on my personal knowledge and belief.

Defendant's signature

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____, 20____, by _____ (defendant), who (____) is personally known (____) / (____) produced _____ as identification, and who (____) did / (____) did not take an oath.

Notary Public/Deputy Clerk

Name: _____

Commission Number: _____

My Commission Expires: _____