

IN THE COUNTY COURT OF THE
CIRCUIT IN AND FOR

JUDICIAL
COUNTY, FLORIDA

Plaintiff Case No.:
Vs.

Defendant
And

STATE OF FLORIDA DEPARTMENT OF JUVENILE JUSTICE,
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 \$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 case surrender value of a life insurance policy or proceeds of annuity contract.

_____ 10. Disability income benefits.

_____ 11. Prepaid College Trust Fund or Medical Savings Accounts.

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: _____

The statements made in this request are true to the best of my knowledge and belief. A copy of this Claim for Exemption has been [] hand delivered or [] mailed to the plaintiff or plaintiff's attorney this _____ day of _____, 20__.

_____ Date _____ Defendant's Signature

STATE OF FLORIDA :
COUNTY OF :

Sworn and subscribed to before me this _____ day of _____, 20__, by _____ who is personally known to me or who has produced _____ as identification and who did [] did not [] take an oath.

Notary Public