

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 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. 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 the 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 ____ (month and year), by ____ (name of person making statement)

Notary Public/Deputy Clerk ____

Personally Known ____ OR Produced Identification ____ Type of Identification Produced ____

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