

IN THE COUNTY/CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT,
IN AND FOR CLAY COUNTY, FLORIDA

Case No.: _____

Division: _____

Plaintiff(s)

vs.

Defendant(s)

and

Garnishee.

CLAIM OF EXEMPTION AND REQUEST FOR HEARING
(PURSUANT TO F.S. 77.041)

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

Address: _____

Telephone number: _____ **Email address:** _____

I CERTIFY UNDER OATH AND PENALTY OF PERJURY that the statements made in this CLAIM OF EXEMPTION AND REQUEST FOR HEARING has been furnished by _____ 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 CLAY**

Sworn and subscribed to before me this _____ day of _____, 20_____.
by _____ (name of person making statement.)

**TARA S. GREEN,
AS CLAY COUNTY CLERK OF COURT AND COMPTROLLER**

Notary Public/Deputy Clerk

____ Personally known OR _____ Produced Identification, type of identification produced
_____.