

**IN THE CIRCUIT/COUNTY COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR  
LEE COUNTY, FLORIDA** **CIVIL ACTION**

\_\_\_\_\_  
Plaintiff(s)

vs

Case No: \_\_\_\_\_

\_\_\_\_\_  
Defendant(s)

\_\_\_\_\_  
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. Worker's Compensation.
- \_\_\_\_\_ 6. Reemployment Assistance or Unemployment Compensation.
- \_\_\_\_\_ 7. Veteran's benefits.
- \_\_\_\_\_ 8. Retirement of 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 No. \_\_\_\_\_ Email Address: \_\_\_\_\_

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 \_\_\_\_\_ (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 LEE

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

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_

Notary Public or Deputy Clerk

Type of Identification Produced \_\_\_\_\_