

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 _____