

**IN THE CIRCUIT/COUNTY COURT OF SIXTH JUDICIAL CIRCUIT
IN AND FOR PINELLAS COUNTY FLORIDA**

UCN: _____ Reference No.: _____

vs. _____ Plaintiff(s),

and _____ Defendant(s).

_____ 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. (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 \$750.00 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 \$750.00 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. Unemployment Compensation.
- _____ 7. Veterans' Benefits.
- _____ 8. Retirement or profit-sharing benefits or pension money.
- _____ 9. Life insurance benefits or cash surrender value of an 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 (check one) _____ United States mail or _____ hand delivery on the _____ day of _____, 20____, to: _____

(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 PINELLAS**

Sworn and subscribed to before me this _____ day of _____, by _____
Defendant Name

Signature of Notary Public - State of Florida _____

Print, Type or Stamp Commissioned Name of Notary Public _____

Type of identification produced _____ Personally known _____ or produced identification _____