

IN THE CIRCUIT COURT, IN AND FOR SANTA ROSA COUNTY, FLORIDA

DIVISION: GARNISHMENT
PLAINTIFF: _____

CASE NUMBER: _____

DEFENDANT: _____

GARNISHEE: _____

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

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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 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. 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: _____

I request a hearing to decide the validity of my claim. Notice of the hearing should be given to at:

Address: _____

Telephone Number: (_____) _____

The statements made in the request are true to the best of my knowledge and belief.

Defendant's Signature

Date

STATE OF FLORIDA COUNTY OF SANTA ROSA

Sworn and subscribed to me before me this _____ day of _____, 20_____,
by _____

Notary Public/Deputy Clerk

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____

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Certificate of Mailing

I certify that a copy hereof has been furnished to _____, Plaintiff,
by hand delivery mail fax this _____ day of _____, 20____
and to _____, Garnishee,
by hand delivery mail fax this _____ day of _____, 20 ____.

Defendant's Signature

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES:

If you are a person with a disability who needs any accommodation in order to participate in this proceeding you are entitled at no cost to you to the provision of certain assistance.

Please contact: Court Administration ADA Liaison Santa Rosa County 6865 Caroline Street Milton FL 32570 Phone 850-623-3159 Fax 850-983-0602

ADA.SantaRosa@flcourts1.gov at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.