

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

NOTICE OF CONTEST OF DEFENDANT'S CLAIM OF EXEMPTION

DIVISION: _____ **CASE NUMBER:** _____

PLAINTIFF: _____

DEFENDANT: _____

GARNISHEE: _____

The Plaintiff, pursuant to Section 77.041(3), F.S., hereby contests the Defendant's Claim of Exemption and requests a hearing on the Defendant's Claim of Exemption.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing has been furnished by U.S. Mail this _____ day of _____, 20_____ to:

Defendant's Name and Address

Garnishee's Name and Address

Plaintiff's Signature

Plaintiff's Name (type or print)

Plaintiff's Address

City/State/Zip

Plaintiff's Telephone Number