

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

DIVISION: _____

CASE NO: _____

PLAINTIFF: _____

DEFENDANT: _____

GARNISHEE: _____

WRIT OF GARNISHMENT

TO THE STATE OF FLORIDA:

To all and Singular the Sheriffs of the State:

YOU ARE COMMANDED to summon the garnishee, _____ to serve an answer to this writ on _____, plaintiff/plaintiff's attorney, whose address is _____ within 20 days after service on the garnishee, exclusive of the day of service, and to file the original with the Clerk of the Court either before service on the attorney or immediately thereafter, stating whether the garnishee is indebted to defendant, _____ at the time of the answer or was indebted at the time of service of the Writ, or at any time between such times, and in what sum and what tangible and intangible personal property of the defendant the garnishee is in possession or control of at the time of the answer or had at the time of service of this Writ, or at any time between such times, and whether the garnishee knows of any other person indebted to the defendant or who may be in possession or control of any of the property of the defendant. The amount set in the plaintiff's motion is \$ _____.

Mailing address:

Santa Rosa County Clerk of Courts
P.O. Box 472
Milton, FL 32572-0472

FAILURE TO FILE AN ANSWER WITHIN THE TIME REQUIRED MAY RESULT IN THE ENTRY OF A JUDGMENT AGAINST THE GARNISHEE FOR THE ABOVE TOTAL AMOUNT \$ _____.

Witness my hand and Official Seal on this _____ day of _____, 20____, in Santa Rosa County, Florida.

By: _____
Deputy Clerk

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 850-983-0062, email 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.

IMPORTANT NOTICE
Federal Wage Garnishment Law
Effective July 1, 1970

(For Attachment to Garnishment Order)

The garnishment restrictions of Title III of the Consumer Credit Protection Act (15 U.S.C. 1673) provide that no court of the United States or of any State may make, execute, or enforce any order or process which provides for the garnishment of the aggregate disposable earnings of any individual for any workweek in an amount which is in excess of the lesser of the following restrictions:

- (1) 25 percent of the individual's disposable earnings for the workweek, or
- (2) the amount by which his disposable earnings for that week exceed 30 times the minimum wage under section 6(a)(1) of the Fair Labor Standards Act of 1938 (29.U.S.C.206)(a)(1).

These restrictions do not apply in the case of (1) Court orders for the support of any person. (2) Court orders under Chapter XIII of the Bankruptcy Act, and (3) Any debt due for any State or Federal Tax.

"Disposable earnings" is compensation paid or payable for personal services less any amounts required to be withheld by law.

The law also prohibits an employer from discharging any employee because his earnings have been subjected to garnishment for any one indebtedness. The term "one indebtedness" refers to a single debt, regardless of the number of levies made or creditors seeking satisfaction. Whoever willfully violates the discharge provision of this law may be prosecuted criminally and fined up to \$1,000.00 or imprisoned for not more than one year, or both.

A section or provision of the State law that requires a larger amount to be garnished than the Federal law permits is considered preempted by the Federal law. On the other hand, the State law provision is to be applied if it results in a smaller garnishment amount.

Information regarding the Federal Wage Garnishment Law may be obtained from any office of Wage and Hour Division, U. S. Department of Labor.

Room 14, Romark Building
3521 W. Broward Boulevard
Fort Lauderdale, FL 33312

Room 1527, Federal Office Building
51 S.W. First Avenue
Miami, FL 33130

Room 552 New Federal Building
400 West Bay Street, Box 35047
Jacksonville, FL 32202

Room 505, New Federal Building
500 Zack Street
Tampa, FL 33602

Room 309, Orlando Professional Center
22 West Lake Beauty Drive
P.O. Box 8024-A
Orlando, FL 32806

NOTICE TO EMPLOYER: Pursuant to this Writ of Garnishment you must report to this Court ALL sums due from you to the Defendant. However, you should only retain and withhold 25% of such sums for disposition as the Court may order. You should pay the other 75% to the employee as you ordinarily would. For further details, read the above notice carefully.

NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT OF WAGES, MONEY, AND OTHER PROPERTY

The Writ of Garnishment delivered to you with this Notice means that wages, money, and other property belonging to you have been garnished to pay a court judgment against you. **HOWEVER, YOU MAY BE ABLE TO KEEP OR RECOVER YOUR WAGES, MONEY, OR PROPERTY. READ THIS NOTICE CAREFULLY.**

State and federal laws provide that certain wages, money, and property, even if deposited in a bank, savings and loan, or credit union, may not be taken to pay certain types of court judgments. Such wages, money, and property are exempt from garnishment. The major exemptions are listed below on the form for Claim of Exemption and Request for Hearing. This list does not include all possible exemptions. You should consult a lawyer for specific advice.

TO KEEP YOUR WAGES, MONEY, AND OTHER PROPERTY FROM BEING GARNISHED OR TO GET BACK ANYTHING THAT HAS ALREADY BEEN TAKEN, YOU MUST COMPLETE A FORM FOR CLAIM OF EXEMPTION AND REQUEST FOR HEARING AS SET FORTH BELOW AND HAVE THE FORM NOTARIZED. YOU MUST FILE THE FORM WITH THE CLERK'S OFFICE WITHIN 20 DAYS AFTER THE DATE YOU RECEIVE THIS NOTICE OR YOU MAY LOSE IMPORTANT RIGHTS. YOU MUST ALSO MAIL OR DELIVER A COPY OF THIS FORM TO THE PLAINTIFF AND THE GARNISHEE AT THE ADDRESSES LISTED ON THE WRIT OF GARNISHMENT.

If you request a hearing, it will be held as soon as possible after your request is received by the court. The plaintiff must file any objection within 2 business days if you hand delivered to the plaintiff a copy of the form for Claim of Exemption and Request for Hearing, or, alternatively, 7 days if you mailed a copy of the form for claim and request to the plaintiff. If the plaintiff files an objection to your Claim of Exemption and Request for Hearing, the clerk will notify you and the other parties of the time and date of the hearing. You may attend the hearing with or without an attorney. If the plaintiff fails to file an objection, no hearing is required, the writ of garnishment will be dissolved, and your wages, money, or property will be released.

YOU SHOULD FILE THE FORM FOR CLAIM OF EXEMPTION IMMEDIATELY TO KEEP YOUR WAGES, MONEY, OR PROPERTY FROM BEING APPLIED TO THE COURT JUDGMENT. THE CLERK CANNOT GIVE YOU LEGAL ADVICE. IF YOU NEED LEGAL ASSISTANCE YOU SHOULD SEE A LAWYER. IF YOU CANNOT AFFORD A PRIVATE LAWYER, LEGAL SERVICES MAY BE AVAILABLE. CONTACT YOUR LOCAL BAR ASSOCIATION OR ASK THE CLERK'S OFFICE ABOUT ANY LEGAL SERVICES PROGRAM IN YOUR AREA.

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

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 \$500 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 \$500 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 and 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: _____

City, State, Zip Code: _____

Telephone Number: (____) _____

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 SANTA ROSA

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

Notary Public/Deputy Clerk

Personally know OR produced identification Type of Identification produced _____