

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Phone):

ATTORNEY FOR (Name):

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA**

CASE NUMBER

PLAINTIFF(S)

v.

DEFENDANT(S).

**NOTICE OF TERMINATION OR MODIFICATION
OF EARNINGS WITHHOLDING ORDER
(Wage Garnishment - F.R.C.P. RULE 64)**

1. TO EMPLOYER: You are given notice that Earnings Withholding Order is modified as follows:

Name and address of employer

Name and address of employee

Attn:

SSN (if known):

2. The Earnings Withholding Order is

a. terminated for all earnings payable on or after (date): _____

b. modified for all earnings payable on or after (date): _____

as follows:

i. The sum to be withheld is \$ _____ (specify weekly, monthly, etc.) _____

ii. The sum necessary for the support of the judgment debtor and family is \$ _____

(specify weekly, monthly, etc.) _____ All disposable earnings exceeding that amount are to be withheld, not to exceed the maximum permitted by law.

c. Other orders (specify):

3. Withheld earnings presently in your possession should be paid in accordance with the terms of this notice.

Date: _____

Levying Officer: _____

(Type or print name)

(Signature)

CREDITOR'S INSTRUCTION TO TERMINATE OR MODIFY EARNINGS WITHHOLDING ORDER

To the levying officer: You are directed to terminate or modify the Earnings Withholding Order as indicated above.

Date: _____

(Type or print name)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address and Phone:)

ATTORNEY FOR (Name):

**UNITED STATES DISTRICT COURT
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DEFENDANT(S).

**EMPLOYER'S RETURN
(Wage Garnishment - F.R.C.P. RULE 64)**

EMPLOYER: You must complete both copies of the form and mail them to the levying officer within 15 days. *Please correct any errors* in the mailing information above and provide any missing information, including the name of the person to whom notices should be directed.

Failure to complete and return these forms may subject you to payment of attorney fees and other civil penalties.

Name and address of employer

Name and address of employee

[]

[]

[]

[]

Attn:

SSN (if known):

1. I received the Earnings Withholding Order on (date): _____
2. The employee is
 - a. not employed by this employer (if not employed, omit items 2b through 6 and proceed to item 7 on page 2).
 - b. now employed by this employer and in the last pay period had gross earnings of \$ _____
3. The employee's pay period is

a. <input type="checkbox"/> daily	b. <input type="checkbox"/> weekly	c. <input type="checkbox"/> every two weeks
d. <input type="checkbox"/> twice a month	e. <input type="checkbox"/> monthly	f. <input type="checkbox"/> other (specify):

(IF YOU HAVE RECEIVED NO OTHER ORDERS THAT PRESENTLY AFFECT THIS EMPLOYEE'S EARNINGS, OMIT ITEMS 4, 5, AND 6, AND PROCEED TO ITEM 7 ON PAGE 2.)

If you have received other orders that presently affect this employee's earnings, another order may have priority over this one. The following list indicates the priority of orders:

- Wage and Earnings **Assignment** Order (For Support) First priority
- Earnings Withholding Order for Support Second priority
- Earnings Withholding Order for Taxes Third priority
- Earnings Withholding Order Fourth priority

If two or more orders have the same priority, comply with the one received first. If both were received on the same date, comply with the one with the earlier date of judgment. If the dates of judgment are the same, you may select which order you choose to comply with.

4. This order appears to have higher priority than any other order. Earnings will be withheld for this order in accord with the EMPLOYER'S INSTRUCTIONS.

5. The employer has received another order affecting the employee's earnings and earnings are being withheld for the other order because:

a. The other order was on (date): _____

b. A copy of the other order is attached (retain original for your records. If a copy is not attached, complete item c.)

c. A copy of the other order is NOT attached. Complete items below:

i. Name of Judgment Creditor:

ii. Levying officer name, address, and file number if any:

iii. Court case number: _____

iv. Date earlier order was received: _____

6. Date the earnings withholding period for the other order is expected to end: _____

See the Employer's instructions on the reverse of each Earnings Withholding Order to determine the length of the withholding period for that order. In the case of orders relating to support, the termination date may be unknown, since the order may continue until the full amount due has been paid.

7. I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date) _____ at (place) _____, California.

(Type or print name)

(Signature)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address and Phone):

ATTORNEY FOR (Name):

**UNITED STATES DISTRICT COURT
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**ORDER DETERMINING CLAIM OF EXEMPTION
(Wage Garnishment - F.R.C.P. RULE 64)**

DEFENDANT(S).

1. The application of (name): _____

for an order determining the Claim of Exemption of (name): _____

was heard on (date): _____

(Check box(es) to indicate personal presence)

Judgment Creditor (name):

Attorney (name):

Judgment Debtor (name):

Attorney (name):

2. The court considered the evidence in support of and in opposition to the Claim of Exemption.

3. IT IS ORDERED

a. The Claim of Exemption is denied.

b. The Judgment Debtor's Claim of Exemption is granted and the Earnings Withholding Order is:

i. terminated for all earnings payable on or after (date): _____

ii. modified for all earnings payable on or after (date): _____

as follows:

(1) The sum to be withheld is \$_____ (specify weekly, monthly, etc.) _____

(2) The sum necessary for the support of the judgment debtor and family is \$_____ (specified weekly, monthly, etc.) _____. All disposable earnings exceeding that amount are to be withheld, not exceed the maximum permitted by law.

(3) Other orders (specify):

(4) The clerk will transmit a certified copy of this order to the levying officer. The levying officer will notify the employer of any change in the Earnings Withholding Order and release any retained sums as provided in this order.

Date

District Judge/Magistrate Judge

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Phone):

ATTORNEY FOR (Name):

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NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION
(Wage Garnishment - F.R.C.P. RULE 64)

DEFENDANT(S).

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

[] []

2. Name and address of employee

[] []

[] []

[] []

SSN (if known):

3. The Notice of Filing Claim of Exemption states it was mailed on (date): _____

4. The earnings claimed as exempt are

- a. not exempt.
- b. partially exempt. The amount **not** exempt per month is \$ _____

5. The judgment creditor opposes the claim of exemption because

- a. the judgment was for the following common necessities of life (specify):

- b. the following expenses of the debtor are **not** necessary for the support of the debtor or the debtor's family (specify):

- c. other (specify):

6. The judgment creditor will accept \$ _____ per pay period for payment on account of this debt.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date): _____ at (place): _____, California.

The declaration under penalty of perjury must be signed in California, or in state that authorizes use of declaration in place of an affidavit; otherwise an affidavit is required.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Address, and Phone):

ATTORNEY FOR (Name):

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**NOTICE OF FILING OF CLAIM OF EXEMPTION
(Wage Garnishment - F.R.C.P. RULE 64)**

DEFENDANT(S).

TO THE JUDGMENT CREDITOR:

Name and address

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1. This notice was mailed on _____ (date): _____ at (place): _____, California.
2. The judgment debtor (employee) has filed a Claim of Exemption and Financial Declaration. The Earnings Withholding Order will be changed as requested by the debtor in item 3 of the Claim of Exemption and Financial Declaration unless you oppose the Claim of Exemption.
3. To oppose the Claim of Exemption, you must complete all the following steps within (10) days of the mailing date shown above in item 1:
 - a. Obtain at least five copies of the printed forms Notice of Opposition to Claim of Exemption and Notice of Hearing on Claim of Exemption. These forms are available from the Clerk of Court.
 - b. Contact the Clerk of Court about setting a hearing date, time, and place. The date of the hearing must be no sooner than ten (10) nor later than twenty (20) days after the filing date required in paragraph 3g below. Enter information about the time of the hearing on the Notice of Hearing on Claim of Exemption.
 - c. Complete all give copies of both forms.
 - d. A signed Notice of Opposition to Claim of Exemption and a signed Notice of Hearing on Claim of Exemption must be served on the levying officer. The Proof of Service on page 2 of the original Notice of Hearing must be completed as indicated in paragraph 3f. **The levying officer must receive the Notice of Opposition to claim of exemption within ten (10) days of the mailing date in item 1 above or the Earnings Withholding Order will be changed as requested in the Claim of Exemption.**
 - e. Have one (1) copy of each of the Notice of Opposition to Claim of Exemption and Notice of Hearing on Claim of Exemption served on (mailed to) the judgment debtor (employee). If item 2 of the Claim of Exemption so requests, also have copies mailed to the judgment debtor's attorney. Complete the Proof of Service as shown in item 3f.

- f. Service of the Notice of Opposition and Notice of Hearing is made by first class mail, but the levying officer can also be served by personal deliver. Service must be made by someone not a party to the action (not the judgment creditor). After the notices are served, the person making the service must complete and sign the appropriate Proof of Service on page 2 of the signed original Notice of Hearing on Claim of Exemption which will be filed with the Court.
 - g. File the signed original Notice of Hearing on Claim of Exemption with the court (after having the proof of service on page 2 completed). This must be done within ten (10) days of the mailing date shown in item 1 above.
4. Take a copy of each form and the Claim of Exemption with you to the court hearing. If you will not attend the court hearing, indicate that fact by checking item 3 on the Notice of Hearing on Claim of Exemption.

Levying Officer: _____
(Type or print name)

(Signature)

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NOTICE OF HEARING ON CLAIM OF EXEMPTION
(Wage Garnishment - F.R.C.P. RULE 64)

DEFENDANT(S).

1. TO

Name and address of levying officer

Name and address of employee

[]

[]

[]

[]

2. Hearing to determine the employee's Claim of Exemption will be held as follows:

a. Date: _____ Time: _____ Courtroom: _____

Judge: _____

b. Address of court:

3. The judgment creditor will not appear at the hearing and submits the issue on the papers filed with the court.

Date: _____

(Type or print name)

(Signature of judgment creditor or attorney)

If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required) Notice of Opposition to Claim of Exemption, and other evidence that may be presented.

(Proof of Service on page 2)

PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (specify):

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by enclosing true copies in a sealed enveloped addressed to each person whose name and address is given below and depositing the enveloped in the United States mail with the postage fully prepaid.

(1) Date of deposit: _____ (2) Place of deposit (city and state): _____

Name and address of each person to whom notice was mailed:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Type or print name)

(Signature of declarant)

PROOF OF SERVICE – PERSONAL DELIVERY

I am over the age of 18 and not a party to this cause. My residence or business address is (specify):

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by personally delivering copies to the person served as shown below.

Persons Served:

Name	Delivery at		
	Date: _____	Time: _____	Address: _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(Type or print name)

(Signature of declarant)

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ATTORNEY FOR (Name):

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CLAIM OF EXEMPTION AND
FINANCIAL DECLARATION
(Wage Garnishment - F.R.C.P. RULE 64)

READ THE EMPLOYEE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Copy the information required above from the Earnings Withholding Order. The top left space is for your or your attorney's name and address.

1. I need the following earnings to support myself or my family (check a. or b.):

- a. [] All earnings. b. [] \$ _____ each pay period.

2. Please send all paper to: [] me [] my attorney
at the address: [] shown above [] following (specify):

3. I am willing for the following amount to be withheld from my earnings during the withholding period. I understand that the judgment creditor can accept this offer by not opposing the Claim of Exemption, which will result in the following sum being withheld each pay period:

- a. [] None. b. [] Withhold \$ _____ each pay period.

4. My pay period is:

- a. [] daily [] weekly [] every two weeks
[] twice a month [] monthly [] other (specify):

b. My gross pay is \$ _____ per pay period.

c. My take-home pay is \$ _____ per pay period.

d. List payroll deductions (item and amount):

5. The following person(s) depend(s), in whole or in part, on me for support.

Table with 4 columns: Name, Age, Relationship, Monthly Income and Its Source. Includes instruction: If minor(s), use only initials.

6. The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows:

7. My monthly expense are as follows:

a. Rent or house payment and maintenance	\$ _____	b. Food and household supplies	\$ _____
c. Utilities and telephone	\$ _____	d. Clothing	\$ _____
e. Laundry and cleaning	\$ _____	f. Medical and dental payments	\$ _____
g. Insurance (life, health, accident, etc.)	\$ _____	h. School, childcare	\$ _____
i. Child, spousal support (prior marriage)	\$ _____	j. Entertainment and incidentals	\$ _____
k. Transportation and auto expenses (insurance, gas, repair)	\$ _____	l. Installment payments (<i>insert total and list below in item 8</i>)	\$ _____
m. Other (<i>specify</i>):	\$ _____	Total Monthly Expenses (add a through m)	\$ _____

8. List payments on installment and other debts. Continued on Attachment 8.

Creditor's Name	For	Monthly Payment	Balance
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

9. What do you own? (*State value.*)

a. Cash	\$ _____	b. Checking, savings, credit union, etc. (<i>list institutions</i>):	
c. Cars, other vehicles, and boat equity (<i>list make, year</i>):		1.	\$ _____
1.	\$ _____	2.	\$ _____
2.	\$ _____	3.	\$ _____
3.	\$ _____	4.	\$ _____
d. Real estate equity (<i>addresses</i>):		e. Other personal property: jewelry, furniture, furs, stocks, bond, etc. (<i>list separately</i>):	
1.	\$ _____	1.	\$ _____
2.	\$ _____	2.	\$ _____
3.	\$ _____	Total for item e:	\$ _____

10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ _____ monthly.

11. Other facts that support this *Claim of Exemption* are (*describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget*):

12. I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed on (date) _____ at (place) _____, California.

(Type or print name)

(Signature of judgement debtor)

Deliver the original and one copy of this form to the levying officer at the address shown on the Earnings Withholding Order. If you are signing this in California, it does not have to be notarized.