$ATTORNEY\ OR\ PARTY\ WITHOUT\ ATTORNEY\ (\textit{Name}, Address, and\ Phone):$	
ATTORNEY FOR (Name)	
ATTORNEY FOR (Name): LINITED STATES	DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA	
	CASE NUMBER
PLAINTIFF(S) v.	
ν.	NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Corrighment F.R. C.R. BLUE 64)
DEFENDANT(S).	(Wage Garnishment - F.R.C.P. RULE 64)
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 \$	
 The judgment creditor opposes the claim of exemption because 	
a. the judgment was for the following common necessaries of life (specify):	
b. \Box the following expenses of the debtor are not necessary	y for the support of the debtor or the debtor's family (specify):
c. □ other (specify):	
or in succession.	
6. ☐ The judgment creditor will accept \$	per pay period for payment on account of this debt
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 corr	rect and that this declaration is executed on
(date):, 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.