

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).

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.

Name <i>If minor(s), use only initials</i>	Age	Relationship	Monthly Income and Its Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.