

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.

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)