

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

DIVISION: GARNISHMENT

CASE NUMBER: \_\_\_\_\_

PLAINTIFF: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

GARNISHEE: \_\_\_\_\_

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

(Page 1 of 2)

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 \$750 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 \$750 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 Trust Fund or Medical Savings Account.
- ☐ 12. Other exemptions as provided by law: \_\_\_\_\_

I request a hearing to decide the validity of my claim. Notice of the hearing should be given to at:

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

The statements made in the 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 me before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_

Notary Public/Deputy Clerk

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

**CLAIM OF EXEMPTION AND REQUEST FOR HEARING**

(Page 2 of 2)

**PLAINTIFF:** \_\_\_\_\_

**CASE NUMBER:** \_\_\_\_\_

**Certificate of Mailing**

I certify that a copy hereof has been furnished to \_\_\_\_\_, Plaintiff,  
by ☐ hand delivery ☐ mail ☐ fax this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
and to \_\_\_\_\_, Garnishee,  
by ☐ hand delivery ☐ mail ☐ fax this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Defendant's Signature

**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 850-983-0602**

**[ADA.SantaRosa@flcourts1.gov](mailto: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.**