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

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

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 Coordinator Santa Rosa County 4025 Avalon Blvd
Street Milton FL 32583 Phone 850-623-3159 Fax 850-983-0602
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.