DEFENDANT'S CLAIM FORM
Case No._____

I CLAIM EXEMPTION from garnishment. Some of my money or property held by the garnishee is exempt because it is: (check all that apply)

☐ 1. Social security benefits.
☐ 2. Supplemental security income benefits.
☐ 3. Unemployment benefits.
☐ 4. Workers' compensation.
☐ 5. Veterans' benefits.
☐ 6. State pension benefits.
☐ 7. Disability income benefits.
☐ 8. Money that belongs to a joint account holder.
☐ 9. Child support or alimony.
☐ 10. Exempt wages, retirement, or pension benefits.
☐ 11. Exemptions for taxes due on income or earnings not subject to employer withholding.
☐ 12. Other exemptions as provided by law.

Explain:

_____

_____

I further state: (check all that apply)

☐ 1. The Plaintiff does not have a judgment against me.
☐ 2. The amount shown due on the Plaintiff's Affidavit of Garnishment is incorrect.
☐ 3. The Plaintiff's Affidavit of Garnishment is untrue or legally insufficient.

Send the notice of the hearing on my claim to me at:

Address:_____

Phone Number: _____

Email Address: _____

The statements made in this claim form are true to the best of my knowledge and belief.

_____ _____,20____

Defendant's signature Date

_____

Print name of Defendant

CERTIFICATE OF SERVICE

This is to certify that I have this day served the Plaintiff or Plaintiff's Attorney and the Garnishee in the foregoing matter with a copy of this pleading by depositing it in the United States Mail in a properly addressed envelope with adequate postage thereon.

This _____ day of _____, 20___.

_____

Defendant or Defendant's Attorney