

NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT OF WAGES, MONEY AND OTHER PROPERTY

The Writ of Garnishment delivered to you with this Notice means that wages, money and other property belonging to you have been garnished to pay a court judgment against you. **HOWEVER, YOU MAY BE ABLE TO KEEP OR RECOVER YOUR WAGES, MONEY OR PROPERTY. READ THIS NOTICE CAREFULLY.**

State and federal laws provide that certain wages, money, and property, even if deposited in a bank, savings and loan, or credit union, may not be taken to pay certain types of court judgments. Such wages, money, and property are exempt from garnishment. The major exemptions are listed below on the form for Claim of Exemption and Request for Hearing. This list does not include all possible exemptions. **YOU SHOULD CONSULT A LAWYER FOR SPECIFIC ADVICE.**

TO KEEP YOUR WAGES, MONEY AND OTHER PROPERTY FROM BEING GARNISHED, OR TO GET BACK ANYTHING ALREADY TAKEN, YOU MUST COMPLETE A FORM FOR CLAIM OF EXEMPTION AND REQUEST FOR HEARING AS SET FORTH BELOW AND HAVE THE FORM NOTARIZED. YOU MUST FILE THE FORM WITH THE CLERK'S OFFICE WITHIN 20 DAYS AFTER THE DATE YOU RECEIVE THIS NOTICE OR YOU MAY LOSE IMPORTANT RIGHTS. YOU MUST ALSO MAIL OR DELIVER A COPY OF THIS FORM TO THE PLAINTIFF AND THE GARNISHEE AT THE ADDRESSES LISTED ON THE WRIT OF GARNISHMENT.

If you request a hearing, it will be held as soon as possible after your request is received by the court. The plaintiff must file any objection within **8** business days, if you hand delivered to the plaintiff a copy of the form for Claim of Exemption and Request for Hearing, or in alternatively, **14** business days if you mailed a copy of the form for claim and request to the plaintiff. If the plaintiff files an objection to your Claim for Exemption and Request For Hearing, the clerk will notify you and the other parties of the time and date of the hearing. You may attend the hearing with or without an attorney. If the plaintiff fails to file an objection, no hearing is required, the writ of garnishment will be dissolved and your wages, money or property will be released.

YOU SHOULD FILE THE FORM FOR CLAIM OF EXEMPTION IMMEDIATELY TO KEEP YOUR WAGES, MONEY OR PROPERTY FROM BEING APPLIED TO THE COURT JUDGMENT. THE CLERK CANNOT GIVE YOU LEGAL ADVICE. IF YOU NEED LEGAL ASSISTANCE, YOU SHOULD SEE A LAWYER. IF YOU CAN'T AFFORD A PRIVATE LAWYER, LEGAL SERVICES MAY BE AVAILABLE. CONTACT YOUR LOCAL BAR ASSOCIATION OR ASK THE CLERK'S OFFICE ABOUT ANY LEGAL SERVICES PROGRAM IN YOUR AREA.

**IN THE CIRCUIT/COUNTY COURT OF THE THIRTEENTH JUDICIAL CIRCUIT,
IN AND FOR HILLSBOROUGH COUNTY, FLORIDA**

Case Number: _____

Plaintiff

Division: _____

vs

Defendant

and

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 \$750.00 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 \$750.00 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. (Explain)

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

Address: _____

Telephone: _____

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

Defendant's Signature

Date

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

Sworn and subscribed to before me this _____ day of _____, 20 ____

by _____ who is personally known to me or who has produced
_____ as identification and who did [] did not [] take an oath.

CINDY STUART
CLERK OF CIRCUIT COURT

Deputy Clerk

Notary Public

CERTIFICATE OF SERVICE

I certify that a copy of the attached document has been furnished to the plaintiff or the plaintiff's attorney:

Plaintiff or Plaintiff's Attorney

Address

City, State, and Zip Code

by hand delivery or mail
(check one)

this _____ day of _____, 20 ____.

Signature of person filing document

Address

City, State, and Zip Code

Telephone number