

IN THE CIRCUIT/ COUNTY COURT OF THE EIGHTH JUDICIAL CIRCUIT
IN AND FOR ALACHUA COUNTY, FLORIDA

Plaintiff,

vs.

Case No.: _____, Div.: _____

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. (Check either a. or b. below, if applicable.)
 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. 9. Life insurance benefits or cash surrender value of a life insurance policy or proceeds of annuity contract.
 3. Supplemental Security Income benefits. 10. Disability income benefits.
 4. Public assistance (welfare). 11. Prepaid College Trust Fund or Medical Savings Account.
 5. Worker's Compensation. 12. Other exemptions as provided by law:
 6. Reemployment assistance or unemployment compensation. _____ (explain)
 7. Veteran's benefits.
 8. Retirement, profit-sharing benefits or pension money.

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

Address: _____

Telephone number: _____ / E-mail: _____

I CERTIFY UNDER OATH AND PENALTY OF PERJURY* that a copy of this Claim of Exemption and Request for Hearing has been furnished by (check one) U.S. mail, hand-delivery, e-mail e-service, or e-portal service on _____ (insert date), to _____ (insert names and address of Plaintiff or Plaintiff's attorney and of Garnishee or Garnishee's attorney to whom this document was furnished).*

I FURTHER CERTIFY* UNDER OATH AND PENALTY OF PERJURY that the statements made in this request are true to the best of my knowledge and belief.

Date: _____

Defendant's signature

Sworn and subscribed to before me on _____, by _____ physical presence or _____ online notarization, by _____ (Name of person making statement)

Notary Public/Deputy Clerk

Personally known OR Produced identification—type of identification produced: _____

**If document is not notarized OR certificate of service not completed, garnishment writ cannot be dissolved by clerk*