

IN THE CIRCUIT COURT IN THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA

\_\_\_\_\_  
Plaintiff(s)

Case #: \_\_\_\_\_  
Section: \_\_\_\_\_

VS.

\_\_\_\_\_  
Defendant(s)

**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.
3. Supplemental Security Income benefits.
4. Public Assistance (welfare).
5. Workers' Compensation.
6. Reemployment Assistance or 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 of Medical Savings Account.
12. Other exemptions as provided by law.

\_\_\_\_\_(explain)

I request a hearing to decide the validity of my claim. Notice of hearing should be given to me at: Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

I CERTIFY UNDER OATH AND PENALTY OF PERJURY that a copy of this CLAIM OF EXEMPTION AND REQUEST FOR HEARING has been furnished by: (Circle one)  United States mail or  hand delivery on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to: \_\_\_\_\_

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.

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

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ personally known to me (or who has produced \_\_\_\_\_ as identification) and who appeared to me  by physical presence  by means of audio-video communication technology and who  did  did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_