

## 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:

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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