

**[NOT FOR WAGE GARNISHMENT]  
[RETURN TO LEVYING OFFICER. DO NOT FILE WITH COURT]**

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):	TELEPHONE NO.:	LEVYING OFFICER ( <i>Name and Address</i> ):	
ATTORNEY FOR ( <i>Name</i> ):			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO			
STREET ADDRESS: 3341 POWER INN ROAD			
MAILING ADDRESS: 3341 POWER INN ROAD			
CITY AND ZIP CODE: SACRAMENTO, CA 95826			
BRANCH NAME: WILLIAM RIDGEAY FAMILY RELATIONS COURT			
PLANITIFF:			
RESPONDENT/DEFENDANT:			
<b>CLAIM OF EXEMPTION (Enforcement of Judgment)</b>		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

**Copy all the information required above (except the top left space) from the Notice of Levy. The top left space is for your name or your attorney's name and address. The original and one copy of this form must be filed with the levying officer. DO NOT FILE WITH THE COURT.**

1. My name is (*specify*):
2. Papers should be sent to
  - me.
  - my attorney (I have filed with the court and served on the judgment creditor a request that papers be sent to my attorney and my attorney has consented in writing on the request to receive these papers.)
 at the address  shown above  following (*specify*):
3.  I am not the judgment debtor named in the notice of levy. The name and last known address of the judgment debtor is (*specify*):
4. The property I claim to be exempt is (*describe*):
5. The property is claimed to be exempt under the following code and section (*specify*):
6. The facts which support this claim are (*describe*):
7.  The claim is made pursuant to a provision exempting property to the extent necessary for the support of the judgment debtor and the spouse and dependents of the judgment debtor. **A Financial Statement form is attached to this claim.**
8.  The property claimed to be exempt is
  - a.  a motor vehicle, the proceeds of an execution sale of a motor vehicle, or the proceeds of insurance or other indemnification for the loss, damage, or destruction of a motor vehicle.
  - b.  tools, implements, materials, uniforms, furnishings, books, equipment, a commercial motor vehicle, a vessel, or other personal property used in the trade, business or profession of the judgment debtor or spouse.
  - c. all other property of the same type owned by the judgment debtor, either alone or in combination with others, is (*describe*):
9.  The property claimed to be exempt consists of the loan value of unmaturred life, insurance policies (including endowment and annuity policies) or benefits from matured life insurance policies (including endowment and annuity policies). All other property of the same type owned by the judgment debtor or the spouse of the judgment debtor, either alone or in combination with others, is (*describe*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF CLAIMANT)

**CLAIM OF EXEMPTION  
(Enforcement of Judgment)**

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
--------------	---------------------------	-----------------

**FINANCIAL STATEMENT**  
**(Wage Garnishment—Enforcement of Judgment)**

**NOTE: If you are married, this form must be signed by your spouse unless you and your spouse are living separate and apart. If this form is not signed by your spouse, check the applicable box on the reverse in item 9.**

1. The following persons other than myself depend, in whole or in part, on me or my spouse for support.

	NAME	AGE	RELATIONSHIP TO ME	MONTHLY TAKE HOME INCOME & SOURCE
a.			Spouse	
b.				
c.				
d.				
e.				

2. **My monthly income**

- a. My gross monthly pay is: ..... 2a. \$ \_\_\_\_\_
- b. My payroll deductions are (*specify purpose and amount*):
  - (1) Federal and state withholding, FICA, and SDI ..... \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
  - (4) \_\_\_\_\_ \$ \_\_\_\_\_
- My TOTAL payroll deduction amount is (*add (1) through (4)*): ..... b. \$ \_\_\_\_\_
- c. My monthly take-home pay is (*a minus b*): ..... c. \$ \_\_\_\_\_
- d. Other money I get each month from (*specify source*): ..... d. \$ \_\_\_\_\_

is: ..... d. \$ \_\_\_\_\_

e. <b>TOTAL MONTHLY INCOME</b> ( <i>c plus d</i> ): .....	e. \$ _____
---	-------------

3. **I, my spouse, and my other dependents own the following property:**

- a. Cash ..... 3a. \$ \_\_\_\_\_
- b. Checking, savings, and credit union account (*list banks*):
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
- c. Cars, other vehicles, and boat equity (*list make, year of each*):
  - (1) \_\_\_\_\_ \$ \_\_\_\_\_
  - (2) \_\_\_\_\_ \$ \_\_\_\_\_
  - (3) \_\_\_\_\_ \$ \_\_\_\_\_
- d. Real estate equity ..... d. \$ \_\_\_\_\_
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.) (*list separately*):
  - ..... e. \$ \_\_\_\_\_

(Continued on reverse)

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
--------------	---------------------------	-----------------

**4. The monthly expenses for me, my spouse, and my other dependents**

- a. Rent or house payment and maintenance ..... 4a. \$ \_\_\_\_\_
- b. Food and household supplies ..... b. \$ \_\_\_\_\_
- c. Utilities and telephone ..... c. \$ \_\_\_\_\_
- d. Clothing ..... d. \$ \_\_\_\_\_
- e. Medical and dental payments ..... e. \$ \_\_\_\_\_
- f. Insurance (life, health, accident, etc.) ..... f. \$ \_\_\_\_\_
- g. School, child care ..... g. \$ \_\_\_\_\_
- h. Child, spousal support (prior marriage) ..... h. \$ \_\_\_\_\_
- i. Transportation & auto expenses (insurance, gas, repair) *(list car payments in item 5)* ..... i. \$ \_\_\_\_\_
- j. Installment payments *(insert total and itemize below in item 5)* ..... j. \$ \_\_\_\_\_
- k. Laundry and cleaning ..... k. \$ \_\_\_\_\_
- l. Entertainment ..... l. \$ \_\_\_\_\_
- m. Other *(specify)*: ..... m. \$ \_\_\_\_\_

n. <b>TOTAL MONTHLY EXPENSES</b> <i>(add a through m)</i> : .....	n. \$ _____
---	-------------

**5. I, my spouse, and my other dependents owe the following debts:**

CREDITOR'S NAME	FOR	MO. PAYMENTS	BALANCE OWED	OWED BY <i>(State person's name)</i>
-----------------	-----	--------------	--------------	---

6. Other facts which support this Claim of Exemption (i.e., unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help your creditor and the judge understand your budget) *(describe)*:  
*(If more space is needed, attach page labeled Attachment 6.)*

7.  An earnings withholding order is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 *(specify each person's name and monthly amount)*:

8.  A wage assignment for support is now in effect with respect to my earnings or those of my spouse or dependents name in item 1 *(specify each person's name and monthly amount)*:

- 9.  My spouse has signed below.
- I have no spouse.
- My spouse and I are living separate and apart.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

<p style="text-align: center;"><i>(TYPE OR PRINT NAME)</i></p>	<p style="text-align: center;"> _____ <i>(SIGNATURE)</i></p>
<p style="text-align: center;"><i>(TYPE OR PRINT NAME OF SPOUSE)</i></p>	<p style="text-align: center;"> _____ <i>(SIGNATURE OF SPOUSE)</i></p>