

Sample Interactive Form

In the County Court, _____ Judicial Circuit
In and For County of _____, State of Florida

Case No.: _____
Division: County Civil

PLAINTIFF
VS

DEFENDANT.

CLAIM OF EXEMPTION AND REQUEST FOR HEARING

I claim exemption 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 or 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 hearing should be given to me at:

Address:
Telephone number:

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

A COPY MUST BE MAILED TO THE PLAINTIFF/PLAINTIFF'S ATTORNEY

I HEREBY CERTIFY that a copy of the foregoing was provided to the Plaintiff/Plaintiff's attorney and Garnishee by: (check one of the following forms of delivery) _____ regular United States Mail or hand delivery on the _____ day of _____, 20____.

DEFENDANT'S SIGNATURE

DATE

STATE OF FLORIDA
COUNTY OF _____

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

By: _____

Notary Public / Deputy Clerk

Personally know ____ or produced identification ____

Type of Identification produced _____