

## **NOTICE TO DEFENDANT OF RIGHT AGAINST GARNISHMENT OF WAGES, MONEY, AND OTHER PROPERTY**

The Writ of Garnishment delivered to you with this Notice means that wages, money, and other property belonging to you have been garnished to pay a court judgment against you. HOWEVER, YOU MAY BE ABLE TO KEEP OR RECOVER YOUR WAGES, MONEY, OR PROPERTY. READ THIS NOTICE CAREFULLY.

State and federal laws provide that certain wages, money, and property, even if deposited in a bank, savings and loan, or credit union, may not be taken to pay certain types of court judgments. Such wages, money, and property are exempt from garnishment. The major exemptions are listed below on the form for Claim of Exemption and Request for Hearing. This list does not include all possible exemptions. You should consult a lawyer for specific advice.

IF AN EXEMPTION APPLIES TO YOU AND YOU WANT TO KEEP YOUR WAGES, MONEY, AND OTHER PROPERTY FROM BEING GARNISHED, OR TO RECOVER ANYTHING ALREADY TAKEN, YOU MUST COMPLETE A FORM FOR CLAIM OF EXEMPTION AND REQUEST FOR HEARING AS SET FORTH BELOW AND HAVE THE FORM NOTARIZED. YOU MUST FILE THE FORM WITH THE CLERK'S OFFICE WITHIN 20 DAYS AFTER THE DATE YOU RECEIVE THIS NOTICE OR YOU MAY LOSE IMPORTANT RIGHTS. YOU MUST ALSO MAIL OR DELIVER A COPY OF THIS FORM TO THE PLAINTIFF OR THE PLAINTIFF'S ATTORNEY AND THE GARNISHEE OR THE GARNISHEE'S ATTORNEY AT THE ADDRESSES LISTED ON THE WRIT OF GARNISHMENT. YOU MUST COMPLETE A CERTIFICATION THAT YOU MAILED OR HAND DELIVERED COPIES TO THE PLAINTIFF OR THE PLAINTIFF'S ATTORNEY AND THE GARNISHEE OR THE GARNISHEE'S ATTORNEY.

If you request a hearing, it will be held as soon as possible after your request is received by the court. The plaintiff or the plaintiff's attorney must file any objection within 8 business days if you hand delivered to the plaintiff or the plaintiff's attorney a copy of the form for Claim of Exemption and Request for Hearing or, alternatively, 14 business days if you mailed a copy of the form for claim and request to the plaintiff or the plaintiff's attorney. If the plaintiff or the plaintiff's attorney files an objection to your Claim of Exemption and Request for Hearing, the clerk will notify you and the other parties of the time and date of the hearing. You may attend the hearing with or without an attorney. If the plaintiff or the plaintiff's attorney fails to file an objection, no hearing is required, the writ of garnishment will be dissolved and your wages, money, or property will be released.

IF YOU HAVE A VALID EXEMPTION, YOU SHOULD FILE THE FORM FOR CLAIM OF EXEMPTION IMMEDIATELY TO KEEP YOUR WAGES, MONEY, OR PROPERTY FROM BEING APPLIED TO THE COURT JUDGMENT. THE CLERK CANNOT GIVE YOU LEGAL ADVICE. IF YOU NEED LEGAL ASSISTANCE YOU SHOULD SEE A LAWYER. IF YOU CANNOT AFFORD A PRIVATE LAWYER, LEGAL SERVICES MAY BE AVAILABLE. CONTACT YOUR LOCAL BAR ASSOCIATION OR ASK THE CLERK'S OFFICE ABOUT ANY LEGAL SERVICES PROGRAM IN YOUR AREA.

## **AMERICAN WITH DISABILITES ACT OF 1990 ADA NOTICE**

**"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator, Room 20140, 201 S.E. Sixth Street, Fort Lauderdale, Florida 33301, 954-831-7721 at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days. If you have a hearing or voice disability you can contact the court through the Florida Relay Service by calling 711."**

**IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN  
AND FOR BROWARD COUNTY, FLORIDA**

Case No: \_\_\_\_\_

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

-vs-

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

\_\_\_\_\_  
Garnishee

**CLAIM OF EXEMPTION AND REQUEST FOR  
HEARING PURSUANT TO F.S. 77.041**

I claim exemptions 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 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 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 the 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  United States mail or  e-mail or  hand delivery on {date} \_\_\_\_\_.

**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.**

*Plaintiff or Plaintiff's attorney*

*Garnishee or Garnishee's attorney*

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Defendant's signature

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn (or affirmed) and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, by

\_\_\_\_\_

[Notary Seal]

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
Name typed, printed, or stamped

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

Personally Known  or Produced Identification

Type of Identification Produced: \_\_\_\_\_