



MICHELLE R. MILLER
CLERK OF THE CIRCUIT COURT & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA

COUNTY CIVIL DEPARTMENT
250 NW Country Club Drive, Port St. Lucie, FL 34986
772-785-5880

In the County Court,
Nineteenth Judicial Circuit,
in and for County of St. Lucie,
State of Florida – Civil Division

Case No. _____

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. (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 or 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 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 _____, 20____, to: (insert names and addresses of Plaintiff or Plaintiff's attorney and of Garnishee or Garnishee's attorney to whom this document was furnished) _____

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

STATE OF FLORIDA

COUNTY OF _____

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

By: _____

Notary Public / Deputy Clerk

Personally know ____ or produced identification ____ Type of Identification produced _____