

IN THE FIFTH JUDICIAL CIRCUIT IN AND  
FOR HERNANDO COUNTY FLORIDA

Case No. \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff  
vs.  
\_\_\_\_\_,  
Defendant  
  
\_\_\_\_\_  
Garnishee

**CLAIM OF EXEMPTION AND REQUEST FOR HEARING**

**I claim exemptions 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 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.

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- 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 \_\_\_\_\_

**1. 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 (insert date) , 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

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The foregoing instrument was acknowledged before me by means of  physical presence  
or  online notarization, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by  
\_\_\_\_\_, who signed with a mark in the presence of these  
witnesses:

Signature of Notary Public – State of Florida \_\_\_\_\_

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known OR Produced                      Identification Type of Identification Produced