

**IN THE \_\_\_\_\_ COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,  
IN AND FOR SEMINOLE COUNTY, FLORIDA**

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
PLAINTIFF(S)

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

\_\_\_\_\_  
DEFENDANT(S)

AND  
\_\_\_\_\_

GARNISHEE

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 FROM GARNISHMENT 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. IF YOU HAVE A VALID EXEMPTION, 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. NOTE THAT THE FORM REQUIRES YOU TO 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 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.

**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.
- \_\_\_\_\_ 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 (circle one) United States Mail or hand delivery on

\_\_\_\_\_, 20\_\_\_, to: \_\_\_\_\_

\_\_\_\_\_ (insert names and addresses of Plaintiff or Plaintiff's attorney and of the 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 to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

Personally known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

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

\_\_\_\_\_  
Name of Notary (typed, printed or stamped)