

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY: PLAINTIFF: DEFENDANT:	TELEPHONE NO.:	LEVYING OFFICER (<i>Name and Address</i>): <div style="text-align: center;"> FRESNO COUNTY SHERIFF P.O. Box 1788 Fresno, CA 93717 </div> SO-268 (7/83) (Rev. 07/97)
CLAIM OF EXEMPTION (Wage Garnishment)		LEVYING OFFICER FILE NO.:
		COURT CASE NO.:

-- READ THE EMPLOYEE INSTRUCTIONS BEFORE COMPLETING THIS FORM --

Copy all the information required above (except the top left space) from the Earnings Withholding Order. The top left space is for your name or your attorney's name and address. The original and one copy of this form with the Financial Statement attached must be filed with the levying officer. **DO NOT FILE WITH THE COURT.**

1. I need the following earnings to support myself or my family (*check a or b*):

- a. All earnings.
- b. \$ _____ each pay period.

2. Please send all papers to

- me.
 - my attorney
- at the address shown above following (*specify*):

3. I am willing for the following amount to be withheld from my earnings **each pay period** during the withholding period. **I understand that the judgment creditor can accept this offer by not opposing the Claim of Exemption, which will result in the following sum being withheld each pay period** (*check a or b*):

- a. None
- b. Withhold \$ _____ each pay period.

4. I am paid

- daily every two weeks monthly
- weekly twice a month other (*specify*):

NOTE: You must attach a properly completed Financial Statement form to this Claim of Exemption.

The Financial Statement form is available without charge from the levying officer.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)

▶

 (SIGNATURE OF DECLARANT)

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FINANCIAL STATEMENT
(Wage Garnishment – Enforcement of Judgment)

NOTE: *If you are married, this form must be signed by your spouse unless you and your spouse are living separate and apart. If this form is not signed by your spouse, check the applicable box on the reverse in item 9.*

1. The following persons other than myself depend, in whole or in part, on me or my spouse for support:

	NAME	AGE	RELATIONSHIP TO ME	MONTHLY TAKE-HOME INCOME & SOURCE
a.			Spouse	
b.				
c.				
d.				
e.				

2. My monthly income

- a. My gross monthly pay is: 2a. \$ _____
- b. My payroll deductions are *(specify purpose and amount)*:
 - (1) Federal and state withholding, FICA, and SDI \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
 - (4) _____ \$ _____
- My TOTAL payroll deduction amount is *(add (1) through (4))*: b. \$ _____
- c. My monthly take-home pay is *(a minus b)*: c. \$ _____
- d. Other money I get each month from *(specify source)*:
 _____ is: d. \$ _____

e. TOTAL MONTHLY INCOME <i>(c plus d)</i> :	e. \$ _____
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3. I, my spouse, and my other dependents own the following property:

- a. Cash 3a. \$ _____
- b. Checking, savings, and credit union accounts *(list banks)*:
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
- c. Cars, other vehicles, and boat equity *(list make, year of each)*:
 - (1) _____ \$ _____
 - (2) _____ \$ _____
 - (3) _____ \$ _____
- d. Real estate equity d. \$ _____
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.) *(list separately)*:

e. \$ _____

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4. The monthly expenses for me, my spouse, and my other dependants

- a. Rent or house payment and maintenance 4a. \$ _____
- b. Food and household supplies b. \$ _____
- c. Utilities and telephone c. \$ _____
- d. Clothing d. \$ _____
- e. Medical and dental payments e. \$ _____
- f. Insurance (life, health, accident, etc.) f. \$ _____
- g. School, child care g. \$ _____
- h. Child, spousal support (prior marriage) h. \$ _____
- i. Transportation & auto expenses (insurance, gas, repair) *(list car payments in item 5)* ... i. \$ _____
- j. Installment payments *(insert total and itemize below in item 5)* j. \$ _____
- k. Laundry and cleaning k. \$ _____
- l. Entertainment l. \$ _____
- m. Other *(specify):* m. \$ _____

n. TOTAL MONTHLY EXPENSES <i>(add a through m):</i>	n. \$ _____
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5. I, my spouse, and my other dependants owe the following debts:

CREDITOR'S NAME	FOR	MO. PAYMENTS	BALANCE OWED	OWED BY <i>(State person's name)</i>
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6. Other facts which support this Claim of Exemption (i.e., unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help your creditor and the judge understand your budget) *(describe):*
(If more space is needed, attach page labeled Attachment 6.)

- 7. An earnings withholding order is now in effect with respect to my earnings or those of my spouse or dependants named in item 1 *(specify each person's name and monthly amount):*
- 8. A wage assignment for support is now in effect with respect to my earnings or those of my spouse or dependants named in item 1 *(specify each person's name and monthly amount):*
- 9. My spouse has signed below.
 I have no spouse.
 My spouse and I are living separate and apart.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE)

.....
(TYPE OR PRINT NAME OF SPOUSE)



(SIGNATURE OF SPOUSE)

FINANCIAL STATEMENT
(Wage Garnishment – Enforcement of Judgment)