

RECLAMO DE EXENCIÓN EMBARGO DE SALARIO



GUIA

Centro de Ayuda de Acceso Legal

Santa Monica

1725 Main St.,
Room 210
Santa Monica, CA 90401

Inglewood

1 East Regent St.,
Room 107
Inglewood, CA 90301

Torrance

825 Maple Ave.,
Room 160
Torrance, CA 90503

Long Beach

275 Magnolia Ave.,
Room 3101
Long Beach, CA 90802

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Este guía esta diseñado para ayudarle a usted en llenar los formularios usted mismo. No tiene la intención de proporcionar asesoramiento lega, ni la estrategia de como completar el caso. La información proporcionada en este paquete solo presenta opciones y ejemplos. Esto no es un sustituto para el consejo legal profesional de un abogado.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): ESCRIBA SU NOMBRE Y DOMICILIO TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): ESCRIBA "SELF-REPRESENTED"	FOR LEVYING OFFICER USE ONLY (Levying Officer Name and Address)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: MAILING ADDRESS: ESCRIBA EL DOMICILIO DE LA CORTE CITY AND ZIP CODE: BRANCH NAME:	LEVYING OFFICER FILE NUMBER: ESCRIBA LA OFICIAL DE IMPOSICIÓN 'NÚMERO DE ARCHIVO
PLAINTIFF/PETITIONER: ESCRIBA EL NOMBRE DEL DEMANDANTE DEFENDANT/RESPONDENT: ESCRIBA SU NOMBRE COMO APARECE EN LA QUEJA	LEVYING OFFICER FILE NUMBER: ESCRIBA LA OFICIAL DE IMPOSICIÓN 'NÚMERO DE ARCHIVO
CLAIM OF EXEMPTION (Wage Garnishment)	
<p style="text-align: center;">READ EMPLOYEE INSTRUCTIONS (FORM WG-003) BEFORE COMPLETING THIS FORM</p> <p><i>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.</i></p>	
CASE NUMBER: ESCRIBA EL NUMERO DEL CASO	

1. My name is: **PRINT YOUR NAME**

2. I need the following earnings to:

a. All earnings

b. \$

Indique si necesita todas sus ganancias o si necesita sólo una parte de sus ingresos para mantenerse a sí mismo y / o de la familia

3. Please send all papers to

me.

my attorney

at the address shown above following (specify):

4. I am willing for the following amount that the judgment creditor can withhold each pay period. I understand which will result in the following

a. None

b. Withhold \$ _____ each pay period.

Indique si usted está dispuesto a tener ninguno o algunos de sus ganancias retenidas. Si indica alguna, escriba la cantidad que está dispuesto a ser retenido

5. I am paid

daily every two weeks monthly

weekly twice a month other (specify): _____

Indique cada cuando le pagan

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: **ESCRIBA LA FECHA**

ESCRIBA SU NOMBRE

(TYPE OR PRINT NAME)

SU FIRMA

(SIGNATURE OF DECLARANT)



SHORT TITLE: ESCRIBA EL NOMBRE DEL DEMANDANTE V. SU APELLIDO	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
		ESCRIBA EL NUMERO DEL CASO

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.	Enumere cada persona en su hogar		Spouse	Ingreso mensual después de impuestos y deducciones
b.	Si usted no tiene un cónyuge escriba "None"			
c.	Por Ejemplo: Marvin Debtor	26	Hijo	\$0
d.	Deborah Debtor	82	Madre	\$800 Seguro Social
e.	Dahlia Debtor	18	Hija	\$0

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.....	\$ _____	Escriba su salario bruto (antes de impuestos)
(2) Enumere sus deducciones. _____	\$ _____	
(3) _____	\$ _____	
(4) _____	\$ _____	

My TOTAL payroll deduction amount is (*add (1) through (4)*): b. \$ _____

c. My monthly take-home pay is (*a minus b*): Indique su salario después de las deducciones

d. Other money I get each month from (*specify source*):
Escriba los ingresos de cualquier otra fuente

e. TOTAL MONTHLY INCOME (c plus d) e. \$ _____

Escriba su ingreso mensual total

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) Enumere otras cuentas financieras _____	\$ _____	
(2) Ejemplo: Chase _____	\$ _____	
(3) _____	\$ _____	

b. \$ _____

c. Cars, other vehicles, and boat equity (*list make, year of each*):

(1) Describe cualquier vehículo de su propiedad _____	\$ _____	
(2) (marca, modelo, año) _____	\$ _____	
(3) _____	\$ _____	

c. \$ _____

d. Real estate equity d. \$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.) (*list separately*):

Describe any other property you own

e. \$ _____

SHORT TITLE: EL NOMBRE DEL DEMANDADO V. SU APELLIDO	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
		ESCRIBA EL NUMERO DEL CASO

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 \$ _____

Lista de sus gastos. Si usted paga una factura cada dos meses dividen la cantidad a la mitad

n. TOTAL MONTHLY EXPENSES (add a through m): n. \$ _____

5. I, my spouse, and my other dependents owe the following debts:

CREDITOR'S NAME	FOR	MO. PAYMENTS	BALANCE O

Sume sus gastos mensuales

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.)

Puede describir circunstancias especiales aquí, o puede utilizar una hoja por separado si necesita más espacio para explicar.

7. An earnings withholding order is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 (specify each person's name and monthly amount):

Check this box if you are paying child or spousal support through an earnings withholding order and specify the persons you give support to and the amount

8. A wage assignment order is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 (specify each person's name and monthly amount):

Check this box if you are paying child or spousal support through an wage assisgntment order and specify the persons you give support to and the amount

- 9. My spouse and I are living separate and apart.
- 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: **ESCRIBA LA FECHA**

ESCRIBA SU NOMBRE
.....
(TYPE OR PRINT NAME)
.....
(TYPE OR PRINT NAME OF SPOUSE)

SU FIRMA
▶
(SIGNATURE)
▶
(SIGNATURE OF SPOUSE)

