

Claim of Exemption Bank Levy



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

| Santa Monica | Inglewood | Torrance | Long Beach |
|--|---|---|---|
| 1725 Main St., Room 210 Santa Monica, CA 90401 | 1 East Regent St., Room 107 Inglewood, CA 90301 | 825 Maple Ave., Room 160 Torrance, CA 90503 | 275 Magnolia Ave., Room 3101 Long Beach, CA 90802 |

March 2021

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

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[NOT FOR WAGE GARNISHMENT]
RETURN TO LEVYING OFFICER. DO NOT FILE WITH COURT

EJ-160

| | |
|--|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PRINT YOUR NAME PRINT YOUR ADDRESS TELEPHONE NO.: PRINT YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PRINT "SELF-REPRESENTED" | FOR LEVYING OFFICER USE ONLY <i>(Levying Officer Name and Address)</i> |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/PETITIONER: PRINT PLAINTIFF'S NAME PRINT YOUR NAME AS IT APPEARS ON THE DEFENDANT/RESPONDENT: SUMMONS AND COMPLAINT | LEVYING OFFICER FILE NUMBER: PRINT THE LEVYING OFFICER'S FILE # |
| CLAIM OF EXEMPTION (Enforcement of Judgment) | FOR COURT USE ONLY |

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

1. My name is: **PRINT YOUR NAME**
2. Papers should be sent to:
 - me.
 - my attorney (I have filed with the court and served on the judgment creditor a request that papers be sent to my attorney and my attorney has consented in writing on the request to receive these papers.)
 at the address shown above following (specify):
3. I am not the judgment debtor named in the notice of levy. The name and last known address of the judgment debtor is (specify):

| |
|--|
| CASE NUMBER: PRINT THE CASE NUMBER |
|--|

4. The property I claim to be exempt is (describe):
WRITE THE BANK AND ACCOUNT NUMBERS THAT HOLD EXEMPT FUNDS.
5. The property is claimed to be exempt under the following code and section (specify):
REVIEW EJ-155 AND INCLUDE WHY THE THE ACCOUNTS IN PARAGRAPH 4 ARE EXEMPT
6. The facts which support this claim are (describe):
EXPLAIN THE FACTS SUPPORTING YOUR CLAIM. PRINT "SEE ATTACHED DECLARATION" IF YOU NEED ADDIITIONAL

7. **SPACE** The claim is made pursuant to a provision exempting property to the extent necessary for the support of the judgment debtor and the spouse and dependents of the judgment debtor. **A Financial Statement form is attached to this claim.**

8. The property claimed is:
 - a. a motor vehicle, other
 - b. tools, instruments, or other personal effects, vessel,
 - c. all other property, is (describe):
9. The property claimed is:
 - a. annuity policies, dowry and
 - b. property of the same type owned by the judgment debtor or the spouse of the judgment debtor, either alone or in combination with others, is (describe):

REVIEW PARAGRAPHS 7, 8 AND 9. SELECT WHICH, IF ANY, APPLY IN YOUR CASE.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: **PRINT THE DATE**
PRINT YOUR NAME **PRINT YOUR SIGNATURE**

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PRINT THE LEVYING OFFICER'S FILE #

| | | |
|--|---------------------------|------------------------------|
| SHORT TITLE: PRINT THE PLAINTIFF'S LAST NAME V. YOUR LAST NAME | LEVYING OFFICER FILE NO.: | COURT CASE NO.: |
| | | PRINT THE CASE NUMBER |

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. | List the name, age, relationship and monthly income of each person that lives with you and rely on you, or your spouse for support in the appropriate sections. | | | |
| c. | | | | |
| d. | | | | |
| e. | | | | |

2. My monthly income

a. My gross monthly pay is: _____

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. \$ _____

LIST ANY OTHER SOURCES OF INCOME _____

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

3. I, my spouse, and my other dependents own the following property:

a. Cash _____ 3a. \$ **LIST THE AMOUNT OF CASH YOU HAVE**

b. Checking, savings, and credit union accounts (list banks):

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____ b. \$ _____

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

(1) _____ \$ _____

(2) _____ \$ _____

(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. \$ _____

PRINT THE LEVYING OFFICER'S FILE #

| | | |
|--|---------------------------|-------------------------------|
| SHORT TITLE: PRINT THE PLAINTIFF'S LAST NAME V. YOUR LAST NAME | LEVYING OFFICER FILE NO.: | COURT CASE NO.: |
| | | PRINT YOUR CASE NUMBER |

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

- a. Rent or house payment and maintenance a. \$ _____
- 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):

List your monthly expenses

Total your monthly expenses

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

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

| | | | | |
|-----------------|-----|--------------|--------------|-------------------------------|
| CREDITOR'S NAME | FOR | MO. PAYMENTS | BALANCE OWED | OWED BY (State person's name) |
|-----------------|-----|--------------|--------------|-------------------------------|

List any debts here.

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.)

List any fact(s) or additional information about your financial situation you want to share with the judge about your case.

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):

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 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):

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

- 9. My spouse has signed below.
- I have no spouse.
- My spouse and I are living separate and apart.

Select which option applies

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

Date: PRINT DATE

PRINT YOUR NAME
.....
(TYPE OR PRINT NAME)

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

PRINT YOUR SIGNATURE
.....
(SIGNATURE)

.....
(SIGNATURE OF SPOUSE)

EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS

The following is a list of assets that may be exempt from levy in enforcing a judgment.

Exemptions are found in the United States Code (**USC**) and in the California codes, primarily the Code of Civil Procedure (**CCP**).

Because of periodic changes in the law, the list may not include all exemptions that apply in your case. The exemptions may not apply in full or under all circumstances. Some are not available after a certain period of time. You or your attorney should read the statutes.

If you believe the assets that are being levied on are exempt, file the claim of exemption form that you received with the *Notice of Levy* packet.

AMOUNT OF EXEMPTIONS: For the exemption amount, please refer to the code section listed below for each type of property. The current amounts of certain exemptions are listed in *Current Dollar Amounts of Exemptions From Enforcement of Judgments* (form EJ-156). The amounts of some of the exemptions are amended every three years and become effective immediately on April 1 under the provisions of Code of Civil Procedure section 703.150.

| <u>Type of Property</u> | <u>Code and Section</u> | <u>Type of Property</u> | <u>Code and Section</u> |
|--|-------------------------|--|-------------------------|
| ABLE Accounts | Welf & I C § 4880(c) | Benefit Payments (<i>cont.</i>) | |
| Accounts (<i>See Deposit Accounts</i>) | | Relocation Benefits | CCP § 704.180 |
| Appliances | CCP § 704.020 | Retirement Benefits | |
| Art and Heirlooms | CCP § 704.040 | and Contributions: | |
| Automobiles | CCP § 704.010 | Private | CCP § 704.115 |
| BART District Benefits | CCP § 704.110 | Public | CCP § 704.110 |
| | Pub Util C § 28896 | Segregated Benefit Funds | Ins C § 10498.5 |
| Benefit Payments: | | Social Security Benefits | 42 USC § 407 |
| BART District Benefits | CCP § 704.110 | Strike Benefits | CCP § 704.120 |
| | Pub Util C § 28896 | Supplemental Security Income | 42 USC § 1383 |
| Charity | CCP § 704.170 | | 42 USC § 407(d) |
| Civil Service Retirement | | Transit District Retirement | |
| Benefits (Federal) | 5 USC § 8346 | Benefits (Alameda and | |
| County Employees | | Contra Costa Counties) | CCP § 704.110 |
| Retirement Benefits | CCP § 704.110 | | Pub Util C § 25337 |
| | Govt C § 31452 | Unemployment Benefits | |
| Disability Insurance Benefits | CCP § 704.130 | and Contributions | CCP § 704.120 |
| Fire Service Retirement | | Veterans Benefits | 38 USC § 5301 |
| Benefits | CCP § 704.110 | Veterans Medal of Honor | |
| | Govt C § 32210 | Benefits | 38 USC § 1562 |
| Fraternal Organization | | Welfare Payments | CCP § 704.170 |
| Funds Benefits | CCP § 704.130 | | Welf & I C § 17409 |
| | CCP § 704.170 | Workers Compensation | CCP § 704.160 |
| Health Insurance Benefits | CCP § 704.130 | Boats | CCP § 704.060 |
| Irrigation System | | | CCP § 704.710 |
| Retirement Benefits | CCP § 704.110 | Books | CCP § 704.060 |
| Judges Survivors Benefits | | Building Materials (Residential) | CCP § 704.030 |
| (Federal) | 28 USC § 376(n) | Business: | |
| Legislators Retirement | | Licenses | CCP § 695.060 |
| Benefits | CCP § 704.110 | | CCP § 699.720(a)(1) |
| | Govt C § 9359.3 | Tools of Trade | CCP § 704.060 |
| Life Insurance Benefits: | | Cars and Trucks (including | |
| Group | CCP § 704.100 | proceeds) | CCP § 704.010 |
| Individual | CCP § 704.100 | Cash | CCP § 704.070 |
| Lighthouse Keepers | | Cemeteries: | |
| Surviving Spouses Benefits | 33 USC § 775 | Land Proceeds | Health & SC § 7925 |
| Longshore & Harbor Workers | | Plots | CCP § 704.200 |
| Compensation or Benefits | 33 USC § 916 | Charity | CCP § 704.170 |
| Military Benefits: | | Claims, Actions and Awards: | |
| Retirement | 10 USC § 1440 | Personal Injury | CCP § 704.140 |
| Survivors | 10 USC § 1450 | Worker's Compensation | CCP § 704.160 |
| Municipal Utility District | | Wrongful Death | CCP § 704.150 |
| Retirement Benefits | CCP § 704.110 | Clothing | CCP § 704.020 |
| | Pub Util C § 12337 | Condemnation Proceeds | CCP § 704.720(b) |
| Peace Officers Retirement | | County Employees Retirement | |
| Benefits | CCP § 704.110 | Benefits | CCP § 704.110 |
| Pension Plans | | | Govt C § 31452 |
| (and Death Benefits): | | Damages (<i>See Personal Injury</i> | |
| Private | CCP § 704.115 | and <i>Wrongful Death</i>) | |
| Public | CCP § 704.110 | Deposit Accounts: | |
| Public Assistance | CCP § 704.170 | Deposit Accounts (generally) | CCP § 704.220 |
| | Welf & I C § 17409 | | |

EXEMPTIONS FROM THE ENFORCEMENT OF JUDGMENTS

(Continued)

| <u>Type of Property</u> | <u>Code and Section</u> | <u>Type of Property</u> | <u>Code and Section</u> |
|--|-------------------------|--------------------------------|-------------------------|
| Deposit Accounts (<i>cont.</i>) | | Military Personnel—Property | 50 USC § 3934 |
| Deposit Accounts (hardship) | CCP § 704.225 | Motor Vehicle (Including | |
| Escrow or Trust Funds | Fin C § 17410 | Proceeds) | CCP § 704.010 |
| Social Security Direct | | | CCP § 704.060 |
| Deposits | CCP § 704.080 | Municipal Utility District | |
| Direct Deposit Account: | | Retirement Benefits | CCP § 704.110 |
| Social Security | CCP § 704.080 | Pub Util C § 12337 | |
| Supplemental Security Income | CCP § 704.080 | Peace Officers Retirement | |
| Public Benefits | CCP § 704.080 | Benefits | CCP § 704.110 |
| Disability Insurance Benefits | CCP § 704.130 | Pension Plans: | Govt C § 31913 |
| Dwelling House | CCP § 704.740 | Private | CCP § 704.115 |
| Earnings | CCP § 704.070 | Public | CCP § 704.110 |
| | CCP § 706.050 | Personal Effects | CCP § 704.020 |
| | 15 USC § 1673(a) | Personal Injury Actions | |
| Educational Grant | Ed C § 21116 | or Damages | CCP § 704.140 |
| Employment Bonds | Lab C § 404 | Prisoner's Funds | CCP § 704.090 |
| Federal Emergency Management | | Property Not Subject to | |
| Agency (FEMA) funds | CCP § 704.230 | Enforcement of Money | |
| Financial Assistance: | | Judgments | CCP § 704.210 |
| Charity | CCP § 704.170 | Prosthetic and Orthopedic | |
| Public Assistance | CCP § 704.170 | Devices | CCP § 704.050 |
| | Welf & I C § 17409 | Provisions (for Residence) | CCP § 704.020 |
| Student Aid | CCP § 704.190 | Public Assistance | CCP § 704.170 |
| Welfare (<i>See Public Assistance</i>) | | | Welf & I C § 17409 |
| Fire Service Retirement | CCP § 704.110 | Public Employees: | |
| | Govt C § 32210 | Death Benefits | CCP § 704.110 |
| Fraternal Organizations | | Pension | CCP § 704.110 |
| Funds and Benefits | CCP § 704.130 | Retirement Benefits | CCP § 704.110 |
| | CCP § 704.170 | Vacation Credits | CCP § 704.113 |
| Fuel for Residence | CCP § 704.020 | Railroad Retirement Benefits | 45 USC § 231m |
| Furniture | CCP § 704.020 | Railroad Unemployment | |
| General Assignment for | | Insurance | 45 USC § 352(e) |
| Benefit of Creditors | CCP § 1801 | Relocation Benefits | CCP § 704.180 |
| Health Aids | CCP § 704.050 | Retirement Benefits and | |
| Health Insurance Benefits | CCP § 704.130 | Contributions: | |
| Home: | | Private | CCP § 704.115 |
| Building Materials | CCP § 704.030 | Public | CCP § 704.110 |
| Dwelling House | CCP § 704.740 | | Ins C § 10498.5 |
| Homestead | CCP § 704.720 | Segregated Benefit Funds | Ins C § 10498.6 |
| | CCP § 704.730 | Servicemembers Property | 50 USC § 523(b) |
| House trailer | CCP § 704.710 | Social Security | 42 USC § 407 |
| Mobilehome | CCP § 704.710 | Social Security Direct Deposit | |
| Homestead | CCP § 704.720 | Account | CCP § 704.080 |
| | CCP § 704.730 | Strike Benefits | CCP § 704.120 |
| Household Furnishings | CCP § 704.020 | Supplemental Security Income | 42 USC § 1383(d) |
| Insurance: | | | 42 USC § 407 |
| Disability Insurance | CCP § 704.130 | Student Aid | CCP § 704.190 |
| Fraternal Benefit Society | CCP § 704.110 | Tools of Trade | CCP § 704.060 |
| Group Life | CCP § 704.100 | Transit District Retirement | |
| Health Insurance Benefits | CCP § 704.130 | Benefits (Alameda and Contra | |
| Individual | CCP § 704.100 | Costa Counties) | CCP § 704.110 |
| Insurance Proceeds— | | | Pub Util C § 25337 |
| Motor Vehicle | CCP § 704.010 | Travelers Check Sales Proceeds | Fin C § 1875 |
| Irrigation System | | Unemployment Benefits and | |
| Retirement Benefits | CCP § 704.110 | Contributions | CCP § 704.120 |
| Jewelry | CCP § 704.040 | Uniforms | CCP § 704.060 |
| Judges Survivors Benefits | | Vacation Credits (Public | |
| (Federal) | 28 USC § 376(n) | Employees) | CCP § 704.113 |
| Legislators Retirement | | Veterans Benefits | 38 USC § 5301 |
| Benefits | CCP § 704.110 | Veterans Medal of Honor | |
| | Govt C § 9359.3 | Benefits | 38 USC § 1562 |
| Licenses | CCP § 695.060 | Wages | CCP § 704.070 |
| | CCP § 720(a)(1) | | CCP § 706.050 |
| Lighthouse Keepers Surviving | | | CCP § 706.051 |
| Spouses Benefit | 33 USC § 775 | Welfare Payments | CCP § 704.170 |
| Longshore and Harbor Workers | | | Welf & I C § 17409 |
| Compensation or Benefits | 33 USC § 916 | Workers Compensation | |
| Military Benefits: | | Claims or Awards | CCP § 704.160 |
| Retirement | 10 USC § 1440 | Wrongful Death Actions or | |
| Survivors | 10 USC § 1450 | Damages | CCP § 704.150 |

| | |
|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PRINT YOUR NAME PRINT YOUR ADDRESS TELEPHONE NO. PRINT YOUR PHONE # FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): PRINT "SELF-REPRESENTED" | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: PRINT COURT'S ADDRESS MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/PETITIONER: PRINT PLAINTIFF'S NAME | |
| DEFENDANT/RESPONDENT: PRINT YOUR NAME AS IT APPEARS ON THE SUMMONS AND COMPLAINT | |
| DECLARATION | CASE NUMBER: PRINT YOUR CASE NUMBER |

Write a detailed description of why the funds are exempt from collection. See the list of exemptions attached.

For example, if you only have Social Security direct deposit funds in the account, write CCP 704.080. Go through the list of exemptions and write down any that apply to you

This is being read by a sheriff, creditor, or judge. Be sure to explain the source of all funds and the amount from each source.

Make sure to blank out any account numbers you attach. Do not submit any documents with your Social Security Number.

Example: I declare that the bank account levied upon is exempt from collection because the funds that are in the account are only from Social Security. I have attached bank statements from the past three months showing that the only money deposited into that account was from Social Security, and that no other funds were deposited into the account.

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

Date: **PRINT THE DATE**

PRINT YOUR NAME

(TYPE OR PRINT NAME)

PRINT YOUR SIGNATURE

(SIGNATURE OF DECLARANT)

Attorney for
 Respondent
 Plaintiff
 Other (Specify):
 Petitioner
 Defendant

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