

Claim of Exemption Wage Garnishment



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

How-To Guide

Self-Help Legal Access Centers

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

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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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): PRINT YOUR FULL 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 (Levying Officer Name and Address)
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 COMPLAINT		LEVYING OFFICER FILE NUMBER: PRINT THE LEVYING OFFICER'S FILE NUMBER
CLAIM OF EXEMPTION (Wage Garnishment)		FOR COURT USE ONLY
READ EMPLOYEE INSTRUCTIONS (FORM WG-003) BEFORE COMPLETING THIS FORM <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.</i> DO NOT FILE WITH THE COURT.		CASE NUMBER: PRINT THE CASE NUMBER

1. My name is: **PRINT YOUR FULL NAME**
2. I need the following earnings to support myself or my family (check a or b):
- a. ☐ All earnings.
- b. ☐ \$ _____ each pay period.
3. Please send all papers to
- ☒ me.
- ☐ my attorney
- at the address ☒ shown above ☐ following (specify):

Indicate if you need all of your earnings or if you only need a portion of your earnings to support yourself and/or family

4. 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.
5. I am paid
- ☐ daily ☐ every two weeks ☐ monthly
- ☐ weekly ☐ twice a month ☐ other (specify) _____

Indicate if you are willing to have none or some of your earnings withheld. If you indicate some, write the amount you are willing to be withheld

Indicate how often you are paid

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: **PRINT THE DATE**

PRINT YOUR NAME

PRINT YOUR SIGNATURE

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 1

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Print Levying
Officer File No.

WG-007/ EJ-165

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: _____

2a. \$ _____

b. My payroll deductions are (specify **purpose** and amount):

(1)	Federal and state withholding, FICA, and SDI	\$ _____
(2)		\$ _____
(3)		\$ _____
(4)		\$ _____

Print any deductions and their amount in this section

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):

LIST ANY OTHER SOURCES OF INCOME

_____ is _____ d. \$ _____

e. TOTAL MONTHLY INCOME (c plus d) _____

Print your total monthly income

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)	List your financial accounts and their value	\$ _____
(2)		\$ _____
(3)		\$ _____

b. \$ _____

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

(1)	Describe any vehicles you own (make, model, year) and their value	\$ _____
(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 Levying
Officer File No.

WG-007/EJ-165

SHORT TITLE:

LEVYING OFFICER FILE NO.:

COURT CASE NO.:

PRINT THE PLAINTIFF'S LAST NAME V. YOUR LAST NAME

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):

m. \$ _____
n. \$ _____

5. I, my spouse, and my other dependents 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

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 for support 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 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.

Check the box that
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)

PRINT YOUR SIGNATURE

(SIGNATURE)

(TYPE OR PRINT NAME OF SPOUSE)

(SIGNATURE OF SPOUSE)