

Claim of Exemption Bank Levy



**LEGAL AID
FOUNDATION
OF LOS ANGELES**

Forms

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

November 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.

**This page is left
intentionally blank.**

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

EJ-160

<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p>TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> <p>E-MAIL ADDRESS (Optional): _____</p> <p>ATTORNEY FOR (Name): _____</p>	<p>FOR LEVYING OFFICER USE ONLY (Levying Officer Name and Address)</p>
<p>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</p> <p>STREET ADDRESS: _____</p> <p>MAILING ADDRESS: _____</p> <p>CITY AND ZIP CODE: _____</p> <p>BRANCH NAME: _____</p>	
<p>PLAINTIFF/PETITIONER: _____</p> <p>DEFENDANT/RESPONDENT: _____</p>	<p>LEVYING OFFICER FILE NUMBER: _____</p>
<p>CLAIM OF EXEMPTION (Enforcement of Judgment)</p>	<p>FOR COURT USE ONLY</p>
<p>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.</p>	
<p>1. My name is:</p> <p>2. Papers should be sent to:</p> <p><input type="checkbox"/> me.</p> <p><input type="checkbox"/> 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.)</p> <p>at the address <input type="checkbox"/> shown above <input type="checkbox"/> following (specify):</p> <p>3. <input type="checkbox"/> I am not the judgment debtor named in the notice of levy. The name and last known address of the judgment debtor is (specify):</p> <p>4. The property I claim to be exempt is (describe):</p> <p>5. The property is claimed to be exempt under the following code and section (specify):</p> <p>6. The facts which support this claim are (describe):</p> <p>7. <input type="checkbox"/> 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.</p> <p>8. <input type="checkbox"/> The property claimed to be exempt is</p> <p>a. <input type="checkbox"/> a motor vehicle, the proceeds of an execution sale of a motor vehicle, or the proceeds of insurance or other indemnification for the loss, damage, or destruction of a motor vehicle.</p> <p>b. <input type="checkbox"/> tools, implements, materials, uniforms, furnishings, books, equipment, a commercial motor vehicle, a vessel, or other personal property used in the trade, business or profession of the judgment debtor or spouse.</p> <p>c. all other property of the same type owned by the judgment debtor, either alone or in combination with others, is (describe):</p> <p>9. <input type="checkbox"/> The property claimed to be exempt consists of the loan value of unmatured life insurance policies (including endowment and annuity policies) or benefits from matured life insurance policies (including endowment and annuity policies). All other 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):</p>	
<p>CASE NUMBER: _____</p>	

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)

Page 1 of 1

**This page is
intentionally left
blank.**

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
--------------	---------------------------	-----------------

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:

**MONTHLY TAKE-HOME
INCOME & SOURCE**

	NAME	AGE	RELATIONSHIP TO ME	
a.			Spouse	
b.				
c.				
d.				
e.				

2. My monthly income

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

e. TOTAL MONTHLY INCOME (<i>c plus d</i>)	e. \$ _____
--	-------------

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

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

SHORT TITLE:	LEVYING OFFICER FILE NO.:	COURT CASE NO.:
--------------	---------------------------	-----------------

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 (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 <i>(State person's name)</i>
------------------------	------------	---------------------	---------------------	--

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)

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			CCP § 704.170
Funds Benefits	CCP § 704.130	Welfare Payments	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	Deposit Accounts (hardship)	CCP § 704.225

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>)		Motor Vehicle (Including Proceeds)	CCP § 704.010 CCP § 704.060
Escrow or Trust Funds	Fin C § 17410	Municipal Utility District Retirement Benefits	CCP § 704.110
Social Security Direct Deposits	CCP § 704.080	Peace Officers Retirement Benefits	Pub Util C § 12337 CCP § 704.110
Direct Deposit Account:		Pension Plans:	Govt C § 31913
Social Security	CCP § 704.080	Private	CCP § 704.115
Supplemental Security Income	CCP § 704.080	Public	CCP § 704.110
Public Benefits	CCP § 704.080	Personal Effects	CCP § 704.020
Disability Insurance Benefits	CCP § 704.130	Personal Injury Actions or Damages	CCP § 704.140
Dwelling House	CCP § 704.740	Prisoner's Funds	CCP § 704.090
Earnings	CCP § 704.070 CCP § 706.050 15 USC § 1673(a)	Property Not Subject to Enforcement of Money Judgments	CCP § 704.210
Educational Grant	Ed C § 21116	Prosthetic and Orthopedic Devices	CCP § 704.050
Employment Bonds	Lab C § 404	Provisions (for Residence)	CCP § 704.020
Federal Emergency Management Agency (FEMA) funds	CCP § 704.230	Public Assistance	CCP § 704.170 Welf & I C § 17409
Financial Assistance:		Public Employees:	
Charity	CCP § 704.170	Death Benefits	CCP § 704.110
Public Assistance	CCP § 704.170 Welf & I C § 17409	Pension	CCP § 704.110
Student Aid	CCP § 704.190	Retirement Benefits	CCP § 704.110
Welfare (<i>See Public Assistance</i>)		Vacation Credits	CCP § 704.113
Fire Service Retirement	CCP § 704.110 Govt C § 32210	Railroad Retirement Benefits	45 USC § 231m
Fraternal Organizations		Railroad Unemployment Insurance	45 USC § 352(e)
Funds and Benefits	CCP § 704.130 CCP § 704.170	Relocation Benefits	CCP § 704.180
Fuel for Residence	CCP § 704.020	Retirement Benefits and Contributions:	
Furniture	CCP § 704.020	Private	CCP § 704.115
General Assignment for Benefit of Creditors	CCP § 1801	Public	CCP § 704.110 Ins C § 10498.5
Health Aids	CCP § 704.050	Scholarshare (Higher Education Savings)	CCP § 704.105
Health Insurance Benefits	CCP § 704.130	Segregated Benefit Funds	Ins C § 10498.6
Home:		Servicemembers Property	50 USC § 523(b)
Building Materials	CCP § 704.030	Social Security	42 USC § 407
Dwelling House	CCP § 704.740	Social Security Direct Deposit	CCP § 704.080
Homestead	CCP § 704.720 CCP § 704.730	Strike Benefits	CCP § 704.120
House trailer	CCP § 704.710	Supplemental Security Income	42 USC § 1383(d) 42 USC § 407
Mobilehome	CCP § 704.710	Student Aid	CCP § 704.190
Homestead	CCP § 704.720 CCP § 704.730	Tools of Trade	CCP § 704.060
Household Furnishings	CCP § 704.020	Transit District Retirement Benefits (Alameda and Contra Costa Counties)	CCP § 704.110 Pub Util C § 25337
Insurance:		Travelers Check Sales Proceeds	Fin C § 1875
Disability Insurance	CCP § 704.130	Unemployment Benefits and Contributions	CCP § 704.120
Fraternal Benefit Society	CCP § 704.110	Uniforms	CCP § 704.060
Group Life	CCP § 704.100	Vacation Credits (Public Employees)	CCP § 704.113
Health Insurance Benefits	CCP § 704.130	Veterans Benefits	38 USC § 5301
Individual	CCP § 704.100	Veterans Medal of Honor Benefits	38 USC § 1562
Insurance Proceeds—		Wages	CCP § 704.070 CCP § 706.050 CCP § 706.051
Motor Vehicle	CCP § 704.010	Welfare Payments	CCP § 704.170 Welf & I C § 17409
Irrigation System		Workers Compensation Claims or Awards	CCP § 704.160
Retirement Benefits	CCP § 704.110	Wrongful Death Actions or Damages	CCP § 704.150
Jewelry	CCP § 704.040		
Judges Survivors Benefits (Federal)	28 USC § 376(n)		
Legislators Retirement Benefits	CCP § 704.110 Govt C § 9359.3		
Licenses	CCP § 695.060 CCP § 720(a)(1)		
Lighthouse Keepers Surviving Spouses Benefit	33 USC § 775		
Longshore and Harbor Workers Compensation or Benefits	33 USC § 916		
Military Benefits:			
Retirement	10 USC § 1440		
Survivors	10 USC § 1450		
Military Personnel—Property	50 USC § 3934		

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
DECLARATION	CASE NUMBER:

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)

- | | | | |
|---------------------------------------|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Attorney for | <input type="checkbox"/> Plaintiff | <input type="checkbox"/> Petitioner | <input type="checkbox"/> Defendant |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Other (Specify): | | |

**This page is
intentionally left
blank.**