



**MICHELLE R. MILLER  
CLERK & COMPTROLLER  
ST. LUCIE COUNTY, FLORIDA**

COUNTY CIVIL DEPARTMENT  
250 NW Country Club Drive, Port St. Lucie, FL 34986  
772-785-5880

**In the County Court,  
Nineteenth Judicial Circuit,  
in and for County of St. Lucie,  
State of Florida – Civil Division**

**Case No.**

\_\_\_\_\_  
**PLAINTIFF**

**VS**

\_\_\_\_\_  
**DEFENDANT.**

**CLAIM OF EXEMPTION AND REQUEST FOR HEARING**

I claim exemption from garnishment under the following categories as checked:

- \_\_\_\_\_ 1. **Head of family wages. (Check either a. or b. below, if applicable)**
  - \_\_\_\_\_ a. I provide more than one-half of the support for a child or other dependent and have net earnings of \$750. or less per week.
  - \_\_\_\_\_ b. I provide more than one-half of the support for a child or other dependent, have net earnings or more than \$750. per week, but have not agreed in writing to have my wages garnished.
- \_\_\_\_\_ 2. **Social Security benefits**
- \_\_\_\_\_ 3. **Supplemental Security Income benefits**
- \_\_\_\_\_ 4. **Public assistance (welfare)**
- \_\_\_\_\_ 5. **Workers' Compensation**
- \_\_\_\_\_ 6. **Reemployment assistance or unemployment compensation**
- \_\_\_\_\_ 7. **Veterans' benefits**
- \_\_\_\_\_ 8. **Retirement or profit-sharing benefits or pension money**
- \_\_\_\_\_ 9. **Life insurance benefits or cash surrender value of a life insurance policy or proceeds of annuity contract**
- \_\_\_\_\_ 10. **Disability income benefits**
- \_\_\_\_\_ 11. **Prepaid College Trust Fund or Medical Savings Account**
- \_\_\_\_\_ 12. **Other exemptions as provided by law**  
(Explain): \_\_\_\_\_

I request a hearing to decide the validity of my claim. Notice of hearing should be given to me at:

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I CERTIFY UNDER OATH AND PENALTY OF PERJURY that a copy of this CLAIM OF EXEMPTION AND REQUEST FOR HEARING has been furnished by (circle one) United States mail or hand delivery on \_\_\_\_\_, 20\_\_\_\_, to: (insert names and addresses of Plaintiff or Plaintiff's attorney and of Garnishee or Garnishee's attorney to whom this document was furnished) \_\_\_\_\_

I FURTHER CERTIFY UNDER OATH AND PENALTY OF PERJURY that the statements made in this request are true to the best of my knowledge and belief.

\_\_\_\_\_  
**DEFENDANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_**

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public / Deputy Clerk**

Personally know \_\_\_\_ or produced identification \_\_\_\_ Type of Identification produced \_\_\_\_\_