

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____ ATTORNEY FOR (Name): _____	LEVYING OFFICER (Name and Address):   
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	COURT CASE NUMBER:
<b>NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)</b>	LEVYING OFFICER FILE NUMBER.:

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor \_\_\_\_\_ 2. Name and address of employee \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security No.  on form WG-035  unknown

3. The Notice of Filing Claim of Exemption states it was mailed on (date):
4. The earnings claimed as exempt are  
 a.  not exempt.  
 b.  partially exempt. The amount not exempt per month is: \$
5. The judgment creditor opposes the claim of exemption because  
 a.  the following expenses of the debtor are not necessary for the support of the debtor or the debtor's family (specify):

- b.  the debt was for attorney's fees based on a court order under Family Code section 2030, 3121, or 3557.  
 c.  other (specify):

6.  The judgment creditor will accept: \$ \_\_\_\_\_ per pay period for payment on account of this debt.

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)