

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: ATTORNEY FOR (Name):	FOR COURT USE ONLY		
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY:			
PLAINTIFF: DEFENDANT:			
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

TO THE LEVYING OFFICER:

- | | |
|--|---|
| 1. Name and address of judgment creditor

_____ | 2. Name and address of employee

_____ |
|--|---|

Social Security Number (if known):

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 judgment was for the following common necessities of life (specify):

 - b. the following expenses of the debtor are not necessary for the support of the debtor or the debtor's family (specify):

 - 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)
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