

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, State Bar number, and address):</i>       TELEPHONE NO: _____ FAX NO.: _____ ATTORNEY FOR STATE TAXPAYER/RESPONDENT: _____	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF <i>(Name):</i>     <div style="text-align: right;">TAXPAYER/RESPONDENT</div>	
<b>CLAIM OF EXEMPTION AND FINANCIAL DECLARATION</b>	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

***(Copy the information required above from the Application for Earnings Withholding Order for Taxes (form WG-020). The top left space is for your or your attorney's name and address.)***

1. I need the following earnings to support myself or my family *(check and complete item a or b)*:
  - a.  All earnings.
  - b.  \$ \_\_\_\_\_ each pay period.
  
2. Please send all papers to  me  my attorney at the address  shown above  following *(specify)*:
  
3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period:
  - a.  None
  - b.  Withhold: \$ \_\_\_\_\_ each pay period.
  
4.
  - a. I am paid  daily  weekly  every two weeks  twice a month  monthly.
  - b. My gross pay is: \$ \_\_\_\_\_ per pay period.
  - c. My take-home pay is: \$ \_\_\_\_\_ per pay period.
  - d. My payroll deductions are *(item and amount)*:

5. The following persons depend, in whole or in part, on me for support:

	<u>Name</u>	<u>Age</u>	<u>Relationship to me</u>	<u>Monthly income and its source</u>
a.			Myself	
b.				
c.				
d.				
e.				

6.  The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows *(specify)*:

APPLICATION OF (Name):	CASE NUMBER:
TAXPAYER/RESPONDENT	

7. My monthly expenses are as follows:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>a. Rent or house payment and maintenance ..... \$</li> <li>b. Food and household supplies ..... \$</li> <li>c. Utilities and telephone ..... \$</li> <li>d. Clothing ..... \$</li> <li>e. Laundry and cleaning ..... \$</li> <li>f. Medical and dental payments ..... \$</li> <li>g. Insurance (life, health, accident, etc.) ..... \$</li> <li>h. School, child care ..... \$</li> <li>i. Child, spousal support (prior marriage) ..... \$</li> </ul> | <ul style="list-style-type: none"> <li>j. Entertainment and incidentals .... \$</li> <li>k. Transportation and auto expenses (insurance, gas, repair) ..... \$</li> <li>l. Installment payments (<i>insert total and list below in item 8</i>) ..... \$</li> <li>m. Other (<i>specify</i>): ..... \$</li> </ul> |
| <b>TOTAL MONTHLY EXPENSES</b><br><i>(add a through m)</i> ..... \$  |   |

8. List payments on installment and other debts.  Continued on Attachment 8.

Creditor's name	For	Monthly payment	Balance

9. What do you own? (State value.)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>a. Cash ..... \$</li> <li>b. Checking, savings and credit union accounts, etc. (<i>list institutions</i>): <ul style="list-style-type: none"> <li>(1) _____ \$</li> <li>(2) _____ \$</li> <li>(3) _____ \$</li> <li>(4) _____ \$</li> </ul> </li> <li>c. Cars, other vehicles, and boat equity (<i>list make, year of each</i>): <ul style="list-style-type: none"> <li>(1) _____ \$</li> <li>(2) _____ \$</li> <li>(3) _____ \$</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>d. Real estate equity (<i>addresses</i>): .. \$</li> <li>e. Other personal property (<i>jewelry, furniture, furs, stocks and bonds, etc. List separately</i>):</li> </ul> <p style="text-align: right; margin-top: 20px;">Total for item e: ... \$</p> |
|--|---|

10.  An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ \_\_\_\_\_ monthly.

11. Other facts that support this *Claim of Exemption* are (*describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget*):  Continued on Attachment 11.

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 TAXPAYER)
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**File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.**