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| 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): |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME: | |
| PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: | COURT CASE NUMBER: |
| NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment) | 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)