

_____ Court of Washington

County of _____

Plaintiff,

vs.

Defendant(s),

Garnishee.

No. _____

Exemption Claim

(Writ directed to employer to garnish earnings)

(EXMPCL)

INSTRUCTIONS:

1. Read this whole form after reading the enclosed notice, then put an "X" in the box or boxes below that describe your exemption claim or claims and write in the necessary information on the blank lines. If additional space is needed, use the bottom of the second page of this form or attach another sheet.
2. Make 2 copies of the original completed form. Deliver the original form by first class mail or in person to the clerk of the court, whose address is shown at the bottom of the *Writ of Garnishment*. Deliver one of the copies by first class mail or in person to the plaintiff or plaintiff's attorney, whose name and address are shown at the bottom of the writ. Keep the other copy. **YOU SHOULD DO THIS AS QUICKLY AS POSSIBLE, BUT NO LATER THAN 28 DAYS (4 weeks) AFTER THE DATE ON THE WRIT.**

I/We claim the following money or property as exempt:

IF PENSION OR RETIREMENT BENEFITS ARE GARNISHED:

Name and address of employer who is paying the benefits:

IF EARNINGS ARE GARNISHED FOR PRIVATE STUDENT LOAN DEBT:

I claim the maximum exemption.

IF EARNINGS ARE GARNISHED FOR CONSUMER DEBT:

[] I claim the maximum exemption.

Print: Your name

If married or in a state registered domestic partnership, name of spouse/state registered domestic partner

Address

Address (if different from yours)

Telephone number

Telephone number (if different from yours)

Your signature

CAUTION: If the plaintiff objects to your claim, you will have to go to court and give proof of your claim.

IF THE JUDGE DENIES YOUR EXEMPTION CLAIM, YOU WILL HAVE TO PAY THE PLAINTIFF'S COSTS. IF THE JUDGE DECIDES THAT YOU DID NOT MAKE THE CLAIM IN GOOD FAITH, THEY MAY DECIDE THAT YOU MUST PAY THE PLAINTIFF'S ATTORNEY FEES.