RETURN TO LEVYING OFFICER. DO NOT FILE WITH COURT

WG-006

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

PLAINTIFF/PETITIONER:

DEFENDANT/RESPONDENT:

LEVYING OFFICER FILE NUMBER:

CLAIM OF EXEMPTION
(Wage Garnishment)

FOR COURT USE ONLY

CASE NUMBER:

READ *EMPLOYEE INSTRUCTIONS* (FORM WG-003) BEFORE COMPLETING THIS FORM

Copy all the information required above (except the top left space) from the* Earnings Withholding Order*. The top left space is for your name or your attorney's name and address. The original and one copy of this form with the Financial Statement attached must be filed with the levying officer.

DO NOT FILE WITH THE COURT.

1. My name is :
2. I need the following earnings to support myself or my family *(check a or b):*
   a. ☐ All earnings.
   b. ☐ $ each pay period.
3. Please send all papers to
   ☐ me.
   ☐ my attorney
   at the address ☐ shown above ☐ following *(specify):*
4. I am willing for the following amount to be withheld from my earnings **each pay period** during the withholding period. **I understand that the judgment creditor can accept this offer by not opposing the Claim of Exemption, which will result in the following sum being withheld each pay period** *(check a or b):*
   a. ☐ None
   b. ☐ Withhold $ each pay period.
5. I am paid
   ☐ daily ☐ every two weeks ☐ monthly
   ☐ weekly ☐ twice a month ☐ other *(specify):*

NOTE: You must attach a properly completed Financial Statement form to this Claim of Exemption.
The Financial Statement form is available without charge from the levying officer.

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)*

Form Approved by the
Judicial Council of California
WG-006 [Rev. January 1, 2009]

Code of Civil Procedure, § 706.124
www.courtinfo.ca.gov

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