

- ☐ IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA  
☐ IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

**DIVISION**

- ☐ CIVIL  
☐ OTHER

**CLAIM OF EXEMPTION  
AND REQUEST FOR HEARING**

(AFEG)

**CASE NUMBER**

**PLAINTIFF(S)**

**VS. DEFENDANT(S)**

**CLOCK IN**

**I CLAIM EXEMPTIONS from garnishment under the following categories as checked:**

1. Head of family wages. (You) must check **a** or **b** below.
  - ☐ a. I provide more than one-half of the support for a child or other dependant and have net earnings of \$750.00 or less per week.
  - ☐ b. I provide more than one-half of the support for a child or other dependant, have net earnings of more than \$750.00 a week, but have not agreed in writing to have my wages garnished.
- ☐ 2. Social Security benefits.
- ☐ 3. Supplemental Security Income benefits.
- ☐ 4. Public assistance (welfare).
- ☐ 5. Workers' Compensation.
- ☐ 6. Unemployment Compensation.
- ☐ 7. Veteran's benefits.
- ☐ 8. Retirement or profit-sharing benefits or pension money.
- ☐ 9. Life Insurance benefits or cash surrender value of a life insurance policy or proceeds of annuity contract.
- ☐ 10. Disability income benefits.
- ☐ 11. Prepaid College Trust Fund or Medical Savings Account.
- ☐ 12. Other exemptions as provided by law. (explain) \_\_\_\_\_

I request a hearing to decide the validity of my claim. Notice of the hearing should be given to me at:

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The statements made in this request are true to the best of my knowledge and belief.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_

as identification and did ☐ / did not ☐ take an oath.

SWORN TO AND SUBSRCIBED BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**HARVEY RUVIN  
CLERK OF COURTS**

(COURT SEAL)

BY: \_\_\_\_\_  
DEPUTY CLERK / NOTARY PUBLIC

NOTARY PUBLIC, STAMP

**Important - See Reverse**

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA		
<b>DIVISION</b> <input type="checkbox"/> CIVIL <input type="checkbox"/> OTHER	<b>AFFIDAVIT OF SERVICE          BY DEFENDANT PURSUANT TO F.S. 77.041 (3)          AND REQUEST FOR CLERK TO DISSOLVE WRIT</b>	<b>CASE NUMBER</b>
<b>PLAINTIFF(S)</b>	<b>VS. DEFENDANT(S)</b>	<b>CLOCK IN</b>
<p>I do hereby certify that I (check one)</p> <p><input type="checkbox"/> mailed on _____, 20____,</p> <p><input type="checkbox"/> hand delivered _____, 20____,</p> <p>a copy of the Claim for Exemption and Request for Hearing form to the plaintiff/plaintiff's attorney (circle one) at the following address _____</p> <p>_____</p> <p>I hereby request that the clerk dissolve the writ of garnishment.</p> <p>The statements made in this affidavit and request are true to the best of my knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">           _____            Defendant's Signature         </div> <div style="width: 40%;">           _____            Date         </div> </div> <p>The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ who is personally known to me or who has produced _____ as identification and did <input type="checkbox"/> / did not <input type="checkbox"/> take an oath.</p> <p>SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, 20__.</p>		
<b>HARVEY RUVIN CLERK OF COURTS</b>	BY: _____ DEPUTY CLERK	NOTARY PUBLIC, State of Florida _____ My Commission Expires: _____
<b>CLERK'S CERTIFICATE DISSOLVING WRIT OF GARNISHMENT</b>		
<p>I, Harvey Ruvin, as Clerk of the above-styled court, by the undersigned Deputy Clerk, and in accordance with the provisions of Florida Statute Section 77.041 (3) (2000), having reviewed the Court file, noting that the Defendant has timely filed a claim of exemption and request for hearing, and noting that the Plaintiff has not filed a sworn written statement that contests the Defendant's claim of exemption within the time period provided in the above statute hereby automatically dissolve the writ.</p>		
<p><b><u>Certificate of Mailing</u></b></p> <p>I hereby certify that a copy of this certificate has been mailed to all parties of record.</p>		
<b>HARVEY RUVIN CLERK OF COURTS</b>	BY: _____ DEPUTY CLERK	DATE