

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		LEVYING OFFICER (Name and Address):
TELEPHONE NO.: E-MAIL ADDRESS: ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		COURT CASE NUMBER:
<b>NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Wage Garnishment)</b>		LEVYING OFFICER FILE NUMBER.:

## TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

2. Name and address of employee

3. The Notice of Filing Claim of Exemption states it was mailed on

(date):

Social Security No.  on form WG-035  unknown

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)

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