

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
PLAINTIFF: DEFENDANT:		
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Enforcement of Judgment)		LEVYING OFFICER FILE NO.: COURT CASE NO.:

— DO NOT USE THIS FORM FOR WAGE GARNISHMENTS —

The original of this form and a Notice of Hearing on Claim of Exemption must be filed with the court.

A copy of this Notice of Opposition and the Notice of Hearing *must* be filed with the levying officer.

A copy of this Notice of Opposition and the Notice of Hearing must be served on the judgment debtor and other claimant at least 10 days *before* the hearing.

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor

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2. Name and address of judgment debtor

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Social Security Number (*if known*): _____

3. ☐ Name and address of claimant (*if other than judgment debtor*)

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4. The notice of filing claim of exemption states it was mailed on (*date*):

5. The item or items claimed as exempt are

a. ☐ not exempt under the statutes relied upon in the Claim of Exemption.

b. ☐ not exempt because the judgment debtor's equity is greater than the amount provided in the exemption.

c. ☐ other (*specify*):

6. The facts necessary to support item 5 are

☐ continued on the attachment labeled Attachment 6.

☐ as follows:

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)