

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

2. Name and address of judgment debtor






Social Security Number (*if known*): \_\_\_\_\_

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





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)

Form Approved by the  
Judicial Council of California  
EJ-170 [New July 1, 1983]

**NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION  
(Enforcement of Judgment)**

CCP 703.550

For your protection and privacy, please press the Clear  
button after you have printed the form.