

STATE OF
MINNESOTA
DISTRICT COURT

COUNTY OF [COUNTY]

FIRST JUDICIAL DISTRICT

[PLAINTIFF],

Case Type: Foreign Judgment
Court File No. XXXX-XX-XX-XXXX

Plaintiff/Creditor

vs.

[DEFENDANT],

Defendants/Debtors

[STREET ADDRESS]
[CITY], [STATE] [ZIP]
(Debtors' Address)

Unpaid Balance \$XX,XXX.XX

and

Date Judgment Was Entered:
[DATE]

[GARNISHEE],

(Garnishee)

IMPORTANT NOTICE

YOUR FUNDS HAVE BEEN GARNISHED

The Creditor has frozen money in your account at your financial institution.

Your account balance is \$_____.

The amount being held is \$_____.

The amount being held will be frozen for 14 days from the date of this notice.

Some of your money in your account may be protected (the legal word is exempt). You may be able to get it sooner than 14 days if you act quickly and follow the instructions on the next page.

The attached exemption form lists some different sources of money in your account that may be protected. If your money is from one or more of these sources, place a check on the line on the form next to the sources of your money. If it is from one of these sources, the Creditor cannot take it.

BUT, you must follow the instructions and return the exemption form and copies of your financial institution statements from the last 60 days to have the financial institution unfreeze your money. If you do not follow the instructions or your Creditor gets an order from the court or writ of execution, your financial institution will give the money to your Creditor. If that happens and it is protected, you can still get it back from the Creditor later, but that is not as easy to do as filling in the form now.

See next pages for instructions and the exemption form.

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF [COUNTY]

FIRST JUDICIAL DISTRICT

[PLAINTIFF],

Case Type: Foreign Judgment

Court File No. XXXX-XX-XX-XXXX

Plaintiff/Creditor

vs.

**GARNISHMENT
INSTRUCTIONS**

[DEFENDANT],

Defendants/Debtors

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

(Debtors' Address)

Unpaid Balance \$XX,XXX.XX

and

Date Judgment Was Entered:

[DATE]

[GARNISHEE],

(Garnishee)

INSTRUCTIONS

Note: The creditor is who you owe the money to. You are the debtor.

1. Fill out **both** of the attached exemption forms in this packet.

If you check one of the lines, you should also give proof that shows that some or all of the money in your account is from one or more of the protected sources. Creditors may ask for a hearing if they question your exemptions.

To avoid a hearing:

Case numbers should be added to the form.

Copies of documents should be sent with the form.

NOTICE: YOU MUST SEND TO THE CREDITOR'S ATTORNEY (OR TO THE CREDITOR, IF NO ATTORNEY) COPIES OF YOUR FINANCIAL INSTITUTION STATEMENTS FOR THE PAST 60 DAYS BEFORE THE GARNISHMENT. Keep a copy of your financial institution statements in case there are questions about your claim. If you do not send to the creditor's attorney (or to the creditor, if no attorney) financial institution statements with your exemption claim, the financial institution may release your money to the creditor once the creditor gives the financial institution a court order directing it to turn over the funds.

2. **Sign** the exemption forms. **Make one copy to keep for yourself.**

3. **Mail or deliver** the other copies of the form by _____.

BOTH COPIES MUST BE MAILED OR DELIVERED THE SAME DAY.

One copy of the form and the copies of your financial institution statements go to:

[ATTORNEY]

[LAW OFFICE]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

One copy goes to:

[GARNISHEE]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

HOW THE PROCESS WORKS

If You Do Not Send in the Exemption Form and Financial institution Statements:

14 days after the date of this letter some or all of your money may be turned over to the creditor

once they get an order from the court telling the financial institution to do this.

If You Send in the Exemption Form and Financial institution Statements:

Any money that is NOT protected can be turned over to the creditor once they get an order from the court.

If the Creditor Does Not Object:

The financial institution will unfreeze your money six business days after the institution gets your completed form.

If the Creditor Objects:

The money you have said is protected on the form will be held by the financial institution. The creditor has six business days to object (disagree) and ask the court to hold a hearing. You will receive a Notice of Objection and a Notice of Hearing.

The financial institution will hold the money until a court decides whether your money is protected or not. Some reasons a creditor may object are because you did not send copies of your financial institution statements or other proof of the benefits you received. Be sure to include these when you send your exemption form.

You may want to talk to a lawyer for advice about this process. If you are low income you can call Legal Aid.

PENALTIES:

If you claim that your money is protected and a court decides you made that claim in bad faith, the court can order you to pay costs, actual damages, attorney fees, and an additional amount of up to \$100. For example, it may be bad faith if you claim you receive government benefits that you do not receive.

If the creditor made a bad faith objection to your claim that your money is protected, the court can order them to pay costs, actual damages, attorney fees, and an additional amount of up to \$100

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COUNTY OF [COUNTY]

FIRST JUDICIAL DISTRICT

[PLAINTIFF],

Case Type: Foreign Judgment

Court File No. XXXX-XX-XX-XXXX

Plaintiff/Creditor

vs.

**GARNISHMENT
EXEMPTION FORM**

[DEFENDANT],

Defendants/Debtors

[STREET ADDRESS]
[CITY], [STATE] [ZIP]
(Debtors' Address)

Unpaid Balance \$XX,XXX.XX

and

Date Judgment Was Entered:
[DATE]

[GARNISHEE],

(Garnishee)

EXEMPTION FORM

A.	HOW MUCH MONEY IS PROTECTED
	I claim ALL of the money being frozen by the financial institution is protected.
	I claim SOME of the money is protected. The amount I claim is protected is \$_____.
B.	WHY THE MONEY IS PROTECTED
	My money is protected because I get it from one or more of the following places: (Check all that apply)
	Government benefits
	Government benefits include, but are not limited to, the following:
	<input type="checkbox"/> MFIP - Minnesota family investment program,
	<input type="checkbox"/> MFIP Diversionary Work Program,
	<input type="checkbox"/> Work participation cash benefit,
	<input type="checkbox"/> GA - general assistance,
	<input type="checkbox"/> EA - emergency assistance,
	<input type="checkbox"/> MA - medical assistance,
	<input type="checkbox"/> GAMC - general assistance medical care,
	<input type="checkbox"/> EGA - emergency general assistance,

	<input type="checkbox"/> MSA - Minnesota supplemental aid,
	<input type="checkbox"/> MSA-EA - MSA emergency assistance,
	<input type="checkbox"/> Food Support,
	<input type="checkbox"/> SSI - Supplemental Security Income,
	<input type="checkbox"/> MinnesotaCare,
	<input type="checkbox"/> Medicare Part B premium payments,
	<input type="checkbox"/> Medicare Part D extra help,
	<input type="checkbox"/> Energy or fuel assistance.
LIST SOURCE(S) OF FUNDING IN YOUR ACCOUNT:	
<u>LIST THE CASE NUMBER AND COUNTY</u>	
	Case Number: _____
	County: _____
	<input type="checkbox"/> Government benefits also include:
	<input type="checkbox"/> Social Security benefits
	<input type="checkbox"/> Unemployment benefits
	<input type="checkbox"/> Workers' compensation
	<input type="checkbox"/> Veterans benefits
	If you receive any of these government benefits, include copies of any documents you have that show you receive Social Security, unemployment, workers' compensation, or veterans benefits.
	<input type="checkbox"/> Other assistance based on need

You may have assistance based on need from another source that is not on the list. If you do, check this box, and fill in the source of your money on the line below:

Source: _____

Include copies of any documents you have that show the source of this money.

C. EARNINGS	
	ALL or SOME of your earnings (wages) may also be protected.
	All of your earnings (wages) are protected if:
	<input type="checkbox"/> You get government benefits (see list of government benefits)
	<input type="checkbox"/> You currently receive other assistance based on need

	<input type="checkbox"/> You have received government benefits in the last six months
	<input type="checkbox"/> You were in jail or prison in the last six months
	If you check one of these lines, your wages are only protected for 60 days after they are deposited in your account so you MUST send the creditor a copy of FINANCIAL INSTITUTION STATEMENTS that show what was in your account for the 60 days right before the financial institution froze your money.
	Some of your earnings (wages) are protected.
	If all of your earnings are not exempt, then some of your earnings are still protected for 20 days after they were deposited in your account. The amount protected is the larger amount of:
	75 percent of your wages (after taxes are taken out); or
	(insert the sum of the current federal minimum wage) multiplied by 40.
OTHER EXD. EXEMPT FUNDS	
	The money from the following are also completely protected after they are deposited in your account.
	<input type="checkbox"/> An accident, disability, or retirement pension or annuity
	<input type="checkbox"/> Payments to you from a life insurance policy
	<input type="checkbox"/> Earnings of your child who is under 18 years of age
	<input type="checkbox"/> Child support
	<input type="checkbox"/> Money paid to you from a claim for damage or destruction of property Property includes household goods, farm tools or machinery, tools for your job, business equipment, a mobile home, a car, a musical instrument, a pew or burial lot, clothes, furniture, or appliances.
	<input type="checkbox"/> Death benefits paid to you

I give permission to any agency that has given me cash benefits to give information about my benefits to the above-named creditor, or its attorney. The information will **ONLY** concern whether I get benefits or not, or whether I have gotten them in the past six months.

If I was an inmate in the last six months, I give my permission to the correctional institution to tell the above-named creditor that I was an inmate there.

YOU MUST SIGN AND SEND THIS FORM BACK TO THE CREDITOR'S ATTORNEY (OR TO THE CREDITOR, IF NO ATTORNEY) AND THE FINANCIAL INSTITUTION. REMEMBER TO INCLUDE A COPY OF YOUR FINANCIAL INSTITUTION STATEMENTS FOR THE PAST 60 DAYS. FILL IN THE BLANKS BELOW AND GO BACK TO THE INSTRUCTIONS TO MAKE SURE YOU DO IT CORRECTLY.

I have mailed or delivered a copy of this form to:

[ATTORNEY]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

I have also mailed or delivered a copy of this exemption form to my financial institution at the address listed below:

[GARNISHEE]

[STREET ADDRESS]

[CITY], [STATE] [ZIP]

DATED:	
	DEBTOR
	DEBTOR ADDRESS
	DEBTOR TELEPHONE NUMBER