

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],

Defendant/Debtor

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

and

Unpaid Balance \$XX,XXX.XX
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 bank 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:

MFIP – Minnesota family investment program,

MFIP Diversionary Work Program,

Work participation cash benefit,

GA – general assistance,

EA – emergency assistance,
MA – medical assistance
GAMC – general assistance medical care,
EGA – emergency general assistance,
MSA – Minnesota supplemental aid,
MSA-EA – MSA emergency assistance,
Food Support,
SSI – Supplemental Security Income,
MinnesotaCare,
Medicare part B premium payments,
Medicare part D extra help,
Energy or fuel assistance,

The source(s) of funding in my account is the following: _

If the source is a type of relief based on need, list the case number and county:

Case Number:

County:

Government benefits also include:

Social Security benefits

Unemployment benefits

Workers' compensation

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.

I receive other assistance based on need from another source that is not on the list. *(Include copies of any documents you have that show the source of this money)* The source of funding in my account is the following:

C. Earnings

ALL or SOME of my earnings (wages) may also be protected.

All of your earnings (wages) are protected because:

I get government benefits (see list of government benefits)

I currently receive other assistance based on need

I have received government benefits in the last six months

I was in jail or prison in the last six months

If you check one of these boxes above, your wages are only protected for 60 days after they are deposited in your account so you **MUST send the creditor a copy of BANK STATEMENTS** that show what was in your account **for the 60 days right before the bank froze your money.**

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% of your wages (after taxes are taken out); or

\$290 (this amount represents the sum of the current federal minimum wage multiplied by 40)

D. Other Exempt Funds

The money from the following are also completely protected after they are deposited in my account.

An accident, disability, or retirement pension or annuity

Payments to me from a life insurance policy

Earnings of my child who is under 18 years of age

Child support

Money paid to me from a claim for damage or destruction of property (property includes household goods, farm tools or machinery, tools for my job, business equipment, a mobile home, a car, a musical instrument, a pew or burial lot, clothes, furniture, or appliances)

Death benefits paid to me

I give my 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 creditors's attorney (or to the creditor, if no attorney) and the bank. Remember to include a copy of your bank 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 the creditor or creditor's attorney if represented at the address listed below.

[ATTORNEY]
[STREET ADDRESS]
[CITY], [STATE] [ZIP]

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

[GARNISHEE]
[STREET ADDRESS]
[CITY], [STATE] [ZIP]

Dated:

Signature of Debtor

(Debtor's name)

(Debtor's address)

(Debtor's telephone number)