## **Invitation to Comment**

| Title      | Enforcement of Judgments: Claims of Exemption (revise forms EJ-160 and WG-006)   |
|------------|--|
| Summary    | Claim of exemption forms, which are initially filed with the levying officer and only later, in some instances, filed with the court, do not include separate spaces for filing stamps by both the levying officer and the court. The revised <i>Claim of Exemption (Enforcement of Judgment)</i> (form EJ-160) and <i>Claim of Exemption (Wage Garnishment)</i> (form WG-006) would provide individual blocks for each filing stamp.  |
| Source     | Civil and Small Claims Advisory Committee<br>Hon. Lee Smalley Edmon, Chair   |
| Staff      | Anne M. Ronan, Case Management Subcommittee Counsel 415-865-8933, anne.ronan@jud.ca.gov  |
| Discussion | Claims of exemption are filed by judgment debtors seeking relief from levies on property or bank accounts, or from wage garnishments. The judgment debtor returns these claims not to the court, but to the levying officer who served the <i>Notice of Levy</i> or <i>Earnings Withholding Order</i> . The levying officer stamps the documents as filed on receipt, using the box at the top right of the current forms.   |
|            | Should the judgment creditor oppose the claim of exemption, the judgment creditor files a notice of opposition with the court and serves that document on the levying officer. At that point, the levying officer files the original claim of exemption with the court. The court must then file stamp the document in what little room remains in the box at the top right of the current form. A request has been made by court administrators that an additional box be added to each form to assure that there is space for the court to add its own file stamp. The revisions would provide the requested box on each form. |
|            | On both forms, the attorney and party information box (top box on left) and the county and court address box (second box on left) have been revised to conform to current Judicial Council form standards. This includes providing spaces for an email address and a fax number.   |
|            | In addition, a new item 1 has been added to the <i>Claim of Exemption</i> ( <i>Wage Garnishment</i> ) (form WG-006), in which to enter the name of the person making the claim. The subsequent items on the form have been renumbered accordingly. This item already exists on <i>Claim of Exemption (Enforcement of Judgment)</i> (form EJ-160), but it has been slightly revised so that the text the item will be identical on both forms: The revised text of item 1 states "My name is:"  |
|            | The committee also seeks comments as to whether other changes would improve the usefulness of these forms.   |
|            | Attachments  |

## [NOT FOR WAGE GARNISHMENT] RETURN TO LEVYING OFFICER. DO NOT FILE WITH COUR

**EJ-160** 

| RETURN TO LEVYING OFFICER. DO NOT FILE WIT  | H COURT EJ-100   |
|---|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   | FOR LEVYING OFFICER USE ONLY<br>(Levying Officer Name and Address) |
|   | Draft 4  |
|   |  |
| TELEPHONE NO.   | April 11, 2008   |
| TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):  |  |
| ATTORNEY FOR (Name):  | Not Approved by  |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF   | Judicial Council   |
| STREET ADDRESS:   |  |
| MAILING ADDRESS:  |  |
| CITY AND ZIP CODE:  |  |
| BRANCH NAME:  |  |
| PLAINTIFF/PETITIONER:   | LEVYING OFFICER FILE NUMBER:                                       |
| DEFENDANT/RESPONDENT:   |  |
| CLAIM OF EXEMPTION (Enforcement of Judgment)  | FOR COURT USE ONLY   |
| Copy all the information required above (except the top left space) from the Notice of Levy. The top left space is for your name or your attorney's name and address. The original and one copy of this form must be filed with the levying officer.  DO NOT FILE WITH THE COURT. |  |
| 1. My name is:  |  |
| 2. Papers should be sent to:  |  |
| me. my attorney (I have filed with the court and served on the judgment creditor a  |  |
| request that papers be sent to my attorney and my attorney has consented in writing on the request to receive these papers.)  | CASE NUMBER:   |
| at the address shown above following (specify):   |  |
| 3. I am not the judgment debtor named in the notice of levy. The name and last known address of the judgment debtor <i>is</i> (specify):  |  |
| 4. The property I claim to be exempt is (describe):   |  |
| 5. The property is claimed to be exempt under the following code and section (specify):   |  |
| 6. The facts which support this claim are (describe):   |  |
| 7. The claim is made pursuant to a provision exempting property to the extent necessand the spouse and dependents of the judgment debtor. A Financial Statement   | · · · · · · · · · · · · · · · · · · ·                              |
| 8. The property claimed to be exempt is   |  |
| <ul> <li>a motor vehicle, the proceeds of an execution sale of a motor vehicle, of indemnification for the loss, damage, or destruction of a motor vehicle.</li> </ul>  | r the proceeds of insurance or other                               |
| b. tools, implements, materials, uniforms, furnishings, books, equipment, a or other personal property used in the trade, business or profession of t   |  |
| c. all other property of the same type owned by the judgment debtor, either alone   |  |
| 9. The property claimed to be exempt consists of the loan value of unmatured life in annuity policies) or benefits from matured life insurance policies (including endow of the same type owned by the judgment debtor or the spouse of the judgment deothers, is (describe):     | ment and annuity policies). All other property                     |
| I declare under penalty of perjury under the laws of the State of California that the foregoing   | g is true and correct.   |
| Date:   |  |
| (TVPE_OR_PRINT NAME)  | (SIGNATI IRE OF CLAIMANT)  |

Form Approved by the Judicial Council of California EJ-160 [Rev. January 1, 2009]

| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  | FOR LEVYING OFFICER USE ONLY       |
|--|------------------------------------|
|  | (Levying Officer Name and Address) |
|  | Draft 4                            |
|  |                                    |
|  | April 11, 2008                     |
| TELEPHONE NO.: FAX NO.(Optional):  |                                    |
| E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):  | Not Approved by                    |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF  | Judicial Council                   |
| STREET ADDRESS:  | Sudicial Council                   |
| MAILING ADDRESS:   |                                    |
| CITY AND ZIP CODE:   |                                    |
| BRANCH NAME:   |                                    |
| PLAINTIFF/PETITIONER:  | LEVYING OFFICER FILE NUMBER:       |
| DEFENDANT/RESPONDENT:  |                                    |
| CLAIM OF EXEMPTION   | FOR COURT USE ONLY                 |
| (Wage Garnishment)   | I OK GOOM GOL SHE!                 |
| (Waye Garmsmilent)   |                                    |
| READ THE EMPLOYEE INSTRUCTIONS BEFORE COMPLETING THIS FORM   |                                    |
| Copy all the information required above (except the top left space) from the   |                                    |
| Earnings Withholding Order. The top left space is for your name or your attorney's   |                                    |
| name and address. The original and one copy of this form with the Financial  |                                    |
| Statement attached must be filed with the levying officer.   |                                    |
| DO NOT FILE WITH THE COURT.  | CASE NUMBER:                       |
| 1. My name is:   | 0.02.10.02.1                       |
| I need the following earnings to support myself or my family (check a or b):   |                                    |
| a. All earnings.   |                                    |
| b. S each pay period.  |                                    |
|  |                                    |
| 3. Please send all papers to   |                                    |
| me.  |                                    |
| my attorney  |                                    |
| at the address shown above following (specify):  |                                    |
| 4. I am willing for the following amount to be withheld from my earnings each pay period that the judgment creditor can accept this offer by not opposing the Claim of Excessum being withheld each pay period (check a or b): |                                    |
|  |                                    |
| a. None  |                                    |
| b. Withhold \$ each pay period.  |                                    |
| 5. I am paid   |                                    |
| daily every two weeks monthly  |                                    |
| weekly twice a month other (specify):  |                                    |
| NOTE: You must attach a properly completed Financial Statement form to this Claim  | of Exemption.                      |
| The Financial Statement form is available without charge from the levying officer.   |                                    |
| I declare under penalty of perjury under the laws of the State of California that the foregoin   | g is true and correct.             |
| Date:  |                                    |
| <b>L</b>   |                                    |
| (TYPE OR REINT NAME)   | CMATURE OF DECLARANT               |
| (TYPE OR PRINT NAME) (SI   | GNATURE OF DECLARANT) Page 1 of 1  |

Form Approved by the Judicial Council of California WG-006 [Rev. January 1, 2009]

## **Item SPR08-23** Response Form

| Title: Cr             | vii Form: Claims of Exemption (revise forms EJ-160 and wG-006)   |
|-----------------------|--|
|                       | Agree with proposed changes  |
|                       | Agree with proposed changes if modified  |
|                       | Do not agree with proposed changes   |
| Comments:             |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
| Name:                 | Title:   |
|                       | on:  |
| _                     | ommenting on behalf of an organization   |
| Address:              |  |
|                       |  |
| City, State           | , Zip:   |
| Comments rare not com | <b>Comments</b> may be written on this form, prepared in a letter format, or submitted online. If you menting directly on this form, please include the information requested above and number for identification purposes. Please submit your comments online or email, comments. |
| Internet:             | www.courtinfo.ca.gov/invitationstocomment  |
| Email:<br>Mail:       | invitations@jud.ca.gov  Ms. Camilla Kieliger  Judicial Council, 455 Golden Gate Avenue   |
| Fax:                  | San Francisco, CA 94102<br>(415) 865-7664, Attn: Camilla Kieliger  |

**DEADLINE FOR COMMENT:** 5:00 p.m., Friday, June 20, 2008