	EXEMPTION CLAIM FORM
(PLAINTIFF) vs.	
(DEFENDANT)	DATE:
ADDRESS "A"	<u>ADDRESS "B"</u>
DIDECTIONS. To alsing distance and a field	L. C. J
	he funds in your account are exempt, complete Both urself. Mail or deliver one form to Address "A" and
one form to Address "B" within Twenty (20) I	Days of the Date on the envelope holding this notice.
• ()	Days of the Date on the envelope holding this notice.
**If you have any documents, such as an awar stubs, copies of checks or bank records showing	Days of the Date on the envelope holding this notice. rd letter, an annual statement from your pension, paying the last Two (2) months of account activity, include
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**If you have any documents, such as an awar stubs, copies of checks or bank records showing copies of the documents with this form. Your I State That My Account Contains the following Social Security Social Security Disability (SSD)	Days of the Date on the envelope holding this notice. rd letter, an annual statement from your pension, paying the last Two (2) months of account activity, include account may be released more quickly.
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I Certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

(fill in your complete address)

Date Signature of Judgment Debtor