ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	
ATTORNET OR PARTT WITHOUT ATTORNET (Name, State Bal Humber, and address).	FOR LEVYING OFFICER USE ONLY
	(Levying Officer Name and Address)
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
CLAIM OF EXEMPTION	LEVYING OFFICER FILE NUMBER:
(Wage Garnishment)	
(wage carnsmicht)	
	FOR COURT USE ONLY
READ <i>EMPLOYEE INSTRUCTIONS</i> (FORM WG-003)	
BEFORE COMPLETING THIS FORM	
Convert the information required shove (except the ten left energy) from the	
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.	
DO NOT FILE WITH THE COOK!	
1. My name is:	
	CAOS AUMADED
2. I need the following earnings to support myself or my family <i>(check a or b):</i>	CASE NUMBER:
a. All earnings.	
b. \$ 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 during the withholding period. I understand	
that the judgment creditor can accept this offer by not opposing the Claim of Exe	
sum 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):	
	a of Evamentian
NOTE: You must attach a properly completed Financial Statement form to this Clair	n or ⊏xemption.
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 foregoing is true and correct.	
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)
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CLAIM OF EXEMPTION (Wage Garnishment)