

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:	FOR COURT USE ONLY	
ATTORNEY FOR (<i>Name</i>):			
NAME OF COURT:			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PLAINTIFF:			
DEFENDANT:			
NOTICE OF OPPOSITION TO CLAIM OF EXEMPTION (Enforcement of Judgment)		LEVYING OFFICER FILE NO.:	COURT CASE NO.:

— DO NOT USE THIS FORM FOR WAGE GARNISHMENTS —

The original of this form and a Notice of Hearing on Claim of Exemption must be filed with the court.
A copy of this Notice of Opposition and the Notice of Hearing *must* be filed with the levying officer.
A copy of this Notice of Opposition and the Notice of Hearing must be served on the judgment debtor and other claimant at least 10 days *before* the hearing.

TO THE LEVYING OFFICER:

1. Name and address of judgment creditor	2. Name and address of judgment debtor

Social Security Number (*if known*):

3. Name and address of claimant (*if other than judgment debtor*)

4. The notice of filing claim of exemption states it was mailed on (*date*):
5. The item or items claimed as exempt are
- a. not exempt under the statutes relied upon in the Claim of Exemption.
 - b. not exempt because the judgment debtor's equity is greater than the amount provided in the exemption.
 - c. other (*specify*):
6. The facts necessary to support item 5 are
- continued on the attachment labeled Attachment 6.
 - as follows:

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)