GOVERNMENTAL AGENCY *(under Family Code, §§ 17400, 17406):*	*FOR COURT USE ONLY*

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:

PETITIONER/PLAINTIFF:

RESPONDENT/DEFENDANT:

OTHER PARENT:

NOTICE OF OPPOSITION AND NOTICE OF MOTION ON CLAIM OF EXEMPTION	LEVYING OFFICER FILE NO.:	COURT CASE NO.:

— *DO NOT USE THIS FORM FOR WAGE GARNISHMENTS* —

The original of this form must be filed with the court, and a copy must be served on the judgment debtor and other claimant at least 10 days *before* the hearing.

TO THE JUDGMENT DEBTOR OR OTHER CLAIMANT:

1. A hearing to determine the claim of exemption of ☐ judgment debtor ☐ other claimant will be held as follows:

a. Date: Time: ☐ Dept.:   ☐ Div.:   ☐ Room:

b. Address of court: ☐ same as noted above   ☐ other *(specify):*

If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (form WG-007/EJ-165) (when one is required), this form, and other evidence that may be presented.

2. Name and address of judgment debtor:

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

Social security number *(if known):*

4. The *Notice of Filing of Claim of Exemption* (form WG-008) 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* (form EJ-160).

   b. ☐ not exempt because the judgment debtor's equity is greater than the amount provided in the exemption.

   c. ☐ other *(specify):*

6. ☐ The local child support agency requests any property found to be exempt be applied to the satisfaction of the judgment under Code of Civil Procedure section 703.070.

7. The facts necessary to support item 5 are

   ☐ continued on the attachment labeled Attachment 7.

   ☐ as follows *(specify):*

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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**NOTICE OF OPPOSITION AND NOTICE OF
MOTION ON CLAIM OF EXEMPTION
(Governmental)**