

IN THE DISTRICT COURT OF THE _____ JUDICIAL OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF _____

_____,
Plaintiff,
vs.
_____,
Defendant.

Case No. _____

CLAIM OF EXEMPTION OR
THIRD PARTY CLAIM

INSTRUCTIONS:

1. Read the entire Claim of Exemption form after reading the enclosed Notice. Then put an X in the box or boxes that describe the money, benefits and/or property that you claim to be exempt. When necessary, provide additional information by using the blank lines.
2. Once complete, deliver or mail the Claim of Exemption form to the sheriff's department at (sheriff's address)_____. You should do this as soon as possible, but it must be received by the sheriff within **fourteen (14) days of the service/ mailing of the enclosed notice because there are strict timelines or you could lose or make it more difficult for you to claim an exemption.** For mailed documents, the 14-day period starts running from the postmark date.
3. If the creditor objects to your claim of exemption, you will have to go to a court hearing to testify and provide proof that the money, benefits and/or property are exempt. For example, if you claim that money deposited in a bank account is exempt wages or benefits, you may have to provide bank statements or other proof, that shows the source of the money deposited.
4. If the judge decides that you filed the claim of exemption without reasonable basis and did not make the claim of exemption in good faith, you may be ordered to pay court costs and attorney fees.

I. **I (WE) CLAIM THE FOLLOWING MONEY, BENEFITS AND/OR PROPERTY EXEMPTIONS. (Each individual may claim the exemptions marked by an asterisk (*).)**

II. **THE MONEY AND/OR BENEFITS DEPOSITED INTO A FINANCIAL INSTITUTION ARE EXEMPT. (Mark all exemptions that apply):**

- Public Assistance (of any kind).
- Social Security and SSI Retirement and Disability Benefits.
- Workers Compensation.
- Unemployment Benefits.

- Employee Plan Retirement, Disability, Death or Medical Benefits.
- Retirement, Annuity or Pension Benefits.
- Medical Savings Account.
- Military or Veterans Benefits.
- Disability, Illness, and Medical Benefits to the extent reasonably necessary for support of myself and dependents. I claim \$_____ is exempt.*
- Child Support, Alimony, or Maintenance Payments to the extent reasonably necessary for support of myself and dependents. I claim \$_____ is exempt.*
- Bodily Injury or Wrongful Death Awards to the extent reasonably necessary for support of myself and dependents. I claim \$_____ is exempt.*
- Proceeds from Life Insurance payable on the death of insured to the extent reasonably necessary for support of myself and dependents. I claim \$_____ is exempt.*

III. WAGE GARNISHMENT EXEMPTIONS: (Check all that apply)

- a. My wages have not been paid by my employer. I claim \$2,500.00 of unpaid wages in a calendar year as exempt.
- b. I claim my wage exemption under federal or state law.
- c. My **wages** have been deposited into an account at a financial institution and:
 - My wages have already been garnished by my employer, **and/or**
 - I claim up to \$7,500 of reasonably identifiable exempt wages deposited into a financial institution as exempt.

SPECIAL RULES APPLY IF YOU OWE CHILD SUPPORT OR TAXES.

IV. IF YOUR BANK ACCOUNT IS BEING GARNISHED ANSWER THE FOLLOWING:

- Money in addition to the funds, benefits and wage exemptions claimed above that have been deposited in a financial institution are exempt:

Explain: _____

V. PROPERTY EXEMPTIONS: PLEASE REVIEW THE "PARTIAL LIST" OF EXEMPTIONS IN THE NOTICE FOR FURTHER INFORMATION

- Homestead

- Real or personal property owned by a married person at the time of marriage or subsequently acquired "Separate Property" and all non-community rents and profits for separate debts of spouse
- Burial Plots*
- Health Aids*
- Household furnishing, appliances, goods, apparel, books, animals, instruments* Describe: _____

- Business/Work Items* Describe: _____

- Jewelry* Describe: _____
- One Vehicle* Describe: _____
- One Firearm* Describe: _____
- Food and Water sufficient for use of 12 months
- Life Insurance Contracts*
- Other Miscellaneous Property* Describe: _____

VI. THIRD PARTY CLAIM

- I am not the Defendant and I own the wages, funds, benefits or property being garnished or taken. Explain: _____

Signature

Phone Number

Print Name

Address
