

CLAIM OF EXEMPTION WAGE GARNISHMENT



Forms

Self-Help Legal Access Centers

Santa Monica	Inglewood	Torrance	Long Beach
1725 Main St., Room 210 Santa Monica, CA 90401	1 East Regent St., Room 107 Inglewood, CA 90301	825 Maple Ave., Room 160 Torrance, CA 90503	275 Magnolia Ave., Room 3101 Long Beach, CA 90802

Feb. 2026

This guide is designed to help you fill out the forms yourself. It is not intended to provide legal advice nor strategy as to how to complete the case. The information provided in this packet only presents options and examples. This is not a substitute for professional legal advice from an attorney.

Please type or print in black ink

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NO.: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name): Self-Represented	FOR LEVYING OFFICER USE ONLY (Levying Officer Name and Address)
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Los Angeles STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	LEVYING OFFICER FILE NUMBER:
CLAIM OF EXEMPTION (Wage Garnishment)	FOR COURT USE ONLY
Instructions for completing this form: <ul style="list-style-type: none"> • Read <i>Employee Instructions</i> (form WG-003) before completing this form. • If you check the box for item 3b or 3c, you must attach a properly completed <i>Financial Statement</i> (form EJ-165) to this <i>Claim of Exemption</i>. You can get a copy of form EJ-165 for free by asking the levying officer or going to courts.ca.gov/rules-forms/find-your-court-forms or your court's self-help center. • If you check the box for item 3a, you do not need to complete form EJ-165. You also do not need to complete item 4. • You must give the levying officer this completed original form and one copy of the completed form. You should save at least one copy of the form for your records. • Do not file this form with the court. 	CASE NUMBER:

1. My name is:

2. Please send all papers to

me

my attorney

at the address shown above another address (specify):

3. I am making this claim of exemption because (check a, b, or c):

a. My earnings are below the legal minimum amount for an earnings withholding order.

(Your earnings cannot be withheld unless you earn more than a minimum amount set by law (Code Civ. Proc., § 706.050). You earn less than the legal minimum amount if, after mandatory deductions:

- If you are paid at least once a week: You earn less than 48 times the applicable minimum hourly wage each week. "The applicable minimum hourly wage" means either the California hourly minimum wage or the hourly minimum wage in the city or county where you work, whichever is higher.
- If you are paid once every two weeks: You earn less than 96 times the applicable minimum hourly wage each pay period.
- If you are paid twice a month: You earn less than 104 times the applicable minimum hourly wage each pay period.
- If you are paid once a month: You earn less than 208 times the applicable minimum hourly wage each pay period.)

b. I need all my earnings to support myself or my family. A completed *Financial Statement* (form EJ-165) is attached to this claim. (You do not need to complete form EJ-165 if you checked the box for item 3a.)

c. I need \$ _____ each pay period to support myself or my family. A completed *Financial Statement* (form EJ-165) is attached to this claim.



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4. I am willing for the following amount to be withheld from my earnings **each pay period** during the withholding period. I understand that **this amount will be withheld each pay period** if the judgment creditor accepts this offer by not opposing my *Claim of Exemption* (check one; you do not need to complete item 4 if you checked the box for item 3a):

- a. None
- b. Withhold \$ _____ each pay period.

5. I am paid (check one)

- daily
- every two weeks
- monthly
- weekly
- twice a month
- other (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)

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FINANCIAL STATEMENT

(Wage Garnishment - Enforcement of Judgment)

NOTE: If you are married, this form must be signed by your spouse unless you and your spouse are living separate and apart. If this form is not signed by your spouse, check the applicable box on the reverse in item 9.

1. The following persons other than myself depend, in whole or in part, on me or my spouse for support:

	NAME	AGE	RELATIONSHIP TO ME	MONTHLY TAKE-HOME INCOME & SOURCE
a.			Spouse	
b.				
c.				
d.				
e.				

2. My monthly income

a. My gross monthly pay is: 2a. \$ _____

b. My payroll deductions are (*specify purpose and amount*):

(1) Federal and state withholding, FICA, and SDI.....	\$ _____	
(2) _____	\$ _____	
(3) _____	\$ _____	
(4) _____	\$ _____	

My TOTAL payroll deduction amount is (*add (1) through (4)*): b. \$ _____

c. My monthly take-home pay is (*a minus b*): c. \$ _____

d. Other money I get each month from (*specify source*):
 _____ is d. \$ _____

e. TOTAL MONTHLY INCOME (<i>c plus d</i>)	e. \$ _____
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3. I, my spouse, and my other dependents own the following property:

a. Cash 3a. \$ _____

b. Checking, savings, and credit union accounts (*list banks*):

(1) _____	\$ _____	
(2) _____	\$ _____	
(3) _____	\$ _____	

b. \$ _____

c. Cars, other vehicles, and boat equity (*list make, year of each*):

(1) _____	\$ _____	
(2) _____	\$ _____	
(3) _____	\$ _____	

c. \$ _____

d. Real estate equity d. \$ _____

e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.) (*list separately*):

e. \$ _____

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4. The monthly expenses for me, my spouse, and my other dependants

- a. Rent or house payment and maintenance 4a. \$ _____
- b. Food and household supplies b. \$ _____
- c. Utilities and telephone c. \$ _____
- d. Clothing d. \$ _____
- e. Medical and dental payments e. \$ _____
- f. Insurance (life, health, accident, etc.) f. \$ _____
- g. School, child care g. \$ _____
- h. Child, spousal support (prior marriage) h. \$ _____
- i. Transportation & auto expenses (insurance, gas, repair) *(list car payments in item 5)* i. \$ _____
- j. Installment payments *(insert total and itemize below in item 5)* j. \$ _____
- k. Laundry and cleaning k. \$ _____
- l. Entertainment l. \$ _____
- m. Other *(specify):*

m. \$ _____

n. TOTAL MONTHLY EXPENSES <i>(add a through m):</i>	n. \$ _____
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5. I, my spouse, and my other dependents owe the following debts:

CREDITOR'S NAME	FOR	MO. PAYMENTS	BALANCE OWED	OWED BY <i>(State person's name)</i>
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6. Other facts which support this Claim of Exemption (i.e., unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help your creditor and the judge understand your budget) *(describe):*
(If more space is needed, attach page labeled Attachment 6.)

7. An earnings withholding order is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 *(specify each person's name and monthly amount):*

8. A wage assignment for support is now in effect with respect to my earnings or those of my spouse or dependents named in item 1 *(specify each person's name and monthly amount):*

- 9. My spouse has signed below.
- I have no spouse.
- My spouse and I are living separate and apart.

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)

.....
 (TYPE OR PRINT NAME OF SPOUSE)

▶ _____
 (SIGNATURE OF SPOUSE)