

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR STATE TAXPAYER/RESPONDENT	FOR COURT USE ONLY
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
APPLICATION OF (Name): <div style="text-align: right;">TAXPAYER/RESPONDENT</div>	
CLAIM OF EXEMPTION AND FINANCIAL DECLARATION	CASE NUMBER:
NAME OF STATE TAX AGENCY:	TAX AGENCY NUMBER:

(Copy the information required above from the Application for Earnings Withholding Order for Taxes (form 982.5(11)). The top left space is for your or your attorney's name and address.)

1. I need the following earnings to support myself or my family (check and complete item a or b):
 - a. All earnings.
 - b. \$ _____ each pay period.

2. Please send all papers to me my attorney at the address shown above following (specify):

3. In addition to the 25 percent minimum withholding, I am willing for the following amount to be withheld from my earnings during the withholding period:
 - a. None
 - b. Withhold: \$ _____ each pay period.

4.
 - a. I am paid daily weekly every two weeks twice a month monthly.
 - b. My gross pay is: \$ _____ per pay period.
 - c. My take-home pay is: \$ _____ per pay period.
 - d. My payroll deductions are (item and amount):

5. The following persons depend, in whole or in part, on me for support:

	<u>Name</u>	<u>Age</u>	<u>Relationship to me</u>	<u>Monthly income and its source</u>
a.			Myself	
b.				
c.				
d.				
e.				

6. The earnings of others listed in item 5 are now subject to wage assignments and Earnings Withholding Orders as follows (specify):

(Continued on reverse)

APPLICATION OF (Name):	CASE NUMBER:
TAXPAYER/RESPONDENT	

7. My monthly expenses are as follows:

- | | |
|---|--|
| <ul style="list-style-type: none"> a. Rent or house payment and maintenance \$ b. Food and household supplies \$ c. Utilities and telephone \$ d. Clothing \$ e. Laundry and cleaning \$ f. Medical and dental payments \$ g. Insurance (life, health, accident, etc.) \$ h. School, child care \$ i. Child, spousal support (prior marriage) \$ | <ul style="list-style-type: none"> j. Entertainment and incidentals \$ k. Transportation and auto expenses (insurance, gas, repair) \$ l. Installment payments (<i>insert total and list below in item 8</i>) \$ m. Other (<i>specify</i>): \$ |
| TOTAL MONTHLY EXPENSES
<i>(add a through m)</i> \$ | |

8. List payments on installment and other debts. Continued on Attachment 8.

Creditor's name	For	Monthly payment	Balance

9. What do you own? (State value.)

- | | |
|--|---|
| <ul style="list-style-type: none"> a. Cash \$ b. Checking, savings and credit union accounts, etc. (<i>list institutions</i>): <ul style="list-style-type: none"> (1) _____ \$ (2) _____ \$ (3) _____ \$ (4) _____ \$ c. Cars, other vehicles, and boat equity (<i>list make, year of each</i>): <ul style="list-style-type: none"> (1) _____ \$ (2) _____ \$ (3) _____ \$ | <ul style="list-style-type: none"> d. Real estate equity (<i>addresses</i>): ... \$ e. Other personal property (<i>jewelry, furniture, furs, stocks and bonds, etc. List separately</i>): |
| Total for item e: \$ | |

10. An Order Assigning Salary and Wages (for support) is now in effect as to my earnings. The amount payable under that order is: \$ _____ monthly.
11. Other facts that support this *Claim of Exemption* are (*describe unusual medical needs, school tuition, expenses for recent family emergencies, or other unusual expenses to help the judge understand your budget*): Continued on Attachment 11.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date: _____

_____ <small>(TYPE OR PRINT NAME)</small>	 _____ <small>(SIGNATURE OF TAXPAYER)</small>
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File this form with the clerk of the court and mail a copy to the tax agency as soon as possible. Keep a copy and take it with you to the court hearing. If you wish to obtain the advice of an attorney, you should do so at once.