

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Judgment Creditor)

v.

\_\_\_\_\_  
\_\_\_\_\_ (Judgment Debtor)

**EXECUTION EXEMPTION  
NOTICE AND NOTICE OF  
INTENT TO LEVY ON EARNINGS**

and

\_\_\_\_\_  
\_\_\_\_\_ (Third Party)

The State of Minnesota  
To the above-named Judgment Debtor

PLEASE TAKE NOTICE that a levy may be served upon your employer or other third parties, without any further court proceedings or notice to you, ten days or more from the date hereof. Your earnings are completely exempt from execution levy if you are now a recipient of relief based on need, if you have been a recipient of relief within the last six months, or if you have been an inmate of a correctional institution in the last six months.

Relief based on need includes Minnesota Family Investment Program (MFIP), Emergency Assistance (EA), Work First Program, Medical Assistance (MA), General Assistance (GA), General Assistance Medical Care (GAMC), Emergency General Assistance (EGA), Minnesota Supplemental Aid (MSA), MSA Emergency Assistance (MSA-EA), Supplemental Security Income (SSI), and Energy Assistance.

If you wish to claim an exemption, you should fill out the appropriate form below, sign it, and send it to the judgment creditor's attorney.

You may wish to contact the attorney for the judgment creditor in order to arrange for a settlement of the debt or contact an attorney to advise you about exemptions or other rights.

**PENALTIES**

- (1) Be advised that even if you claim an exemption, an execution levy may still be served on your employer. If your earnings are levied on after you claim an exemption, you may petition the court for a determination of your exemption. If the court finds that the judgment creditor disregarded your claim of exemption in bad faith, you will be entitled to costs, reasonable attorney fees, actual damages, and an amount not to exceed \$100.

- (2) HOWEVER, BE WARNED if you claim an exemption, the judgment creditor can also petition the court for a determination of your exemption, and if the court finds that you claimed an exemption in bad faith, you will be assessed costs and reasonable attorney's fees plus an amount not to exceed \$100.
  
- (3) If, after receipt of this notice, you in bad faith take action to frustrate the execution levy, thus requiring the judgment creditor to petition the court to resolve the problem, you will be liable to the judgment creditor for costs and reasonable attorney's fees plus an amount not to exceed \$100.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Judgment Creditor or Attorney)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**JUDGMENT DEBTOR'S EXEMPTION CLAIM NOTICE**

I hereby claim that my earnings are exempt from execution because:

- (1) I am presently a recipient of relief based on need. (Specify the program, case number, and the county from which relief is being received.)

\_\_\_\_\_  
Program                                      Case Number (if known)                                      County

- (2) I am not now receiving relief based on need, but I have received relief based on need within the last six months. (Specify the program, case number, and the county from which relief has been received.)

\_\_\_\_\_  
Program                                      Case Number (if known)                                      County

- (3) I have been an inmate of a correctional institution within the last six months. (Specify the correctional institution and location.)

\_\_\_\_\_  
Correctional Institution                      Location

I hereby authorize any agency that has distributed relief to me or any correctional institution in which I was an inmate to disclose to the above-named judgment creditor or the judgment creditor's attorney only whether or not I am or have been a recipient of relief based on need or an inmate of a correctional institution within the last six months. I have mailed or delivered a copy of this form to the judgment creditor or judgment creditor's attorney.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Debtor

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number