

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
IN THE METROPOLITAN COURT

_____,
Plaintiff,

v.

No. _____

_____,
Defendant,

_____,
Garnishee.

CLAIM OF EXEMPTION FROM GARNISHMENT

Judgment debtor claims the following exemptions:

(check box next to exemption)

- a. social security benefits (OASDI, SSI);
- b. public assistance benefits (AFDC, welfare, GA);
- c. life, accident or health insurance proceeds;
- d. workers' compensation awards;
- e. unemployment compensation benefits;
- f. veterans' benefits;
- g. pensions and retirement funds;
- h. crime victims' reparation fund payments;
- i. allowances to surviving spouse and children from deceased's estate subject to the limitations of Sections 45-2-401 and 45-2-402 NMSA 1978;
- j. the minimum amount of shares necessary for certain non-profit cooperative associations as provided by Section 53-4-28 NMSA 1978;
- k. fraternal benefit society payments as provided by Section 59A-44-18 NMSA 1978.

A completed and signed copy of this form must be returned to the Clerk of the Court whose address is:

Bernalillo County Metropolitan Court
401 Lomas NW
Albuquerque, NM 87102

A completed and signed copy of the Claim of Exemption form shall be served on the judgment creditor and the garnishee named above. If the judgment creditor disputes a claimed exemption,

a court hearing will be scheduled to consider the disputed exemptions. At this hearing you must bring evidence supporting each of your claims of exemption.

Date

Signature of judgment debtor

Printed name of judgment debtor

Address (Number and Street or P.O. Box)

City, state and zip code (print)

Telephone number