

STATE OF NEW YORK

COUNTY OF _____: _____ COURT

PLAINTIFF/PETITIONER

EXEMPTION CLAIM FORM

Vs.

Index No.

DEFENDANT/RESPONDENT

NAME AND ADDRESS OF JUDGMENT CREDITOR OR ATTORNEY
(To be completed by judgment creditor or attorney)

NAME AND ADDRESS OF FINANCIAL INSTITUTION
(To be completed by judgment creditor or attorney)

ADDRESS A

ADDRESS B

LLP

BANK

_____, NY _____

_____, NY _____

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice.

**If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank records showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (check all that apply):

- Social security Social security disability (SSD)
- Supplemental security income (SSI)
- Public assistance
- Wages while receiving SSI or public assistance
- Veterans benefits
- Unemployment insurance
- Payments from pensions and retirement accounts
- Income earned in the last 60 days (90% of which is exempt)
- Child support
- Spousal support or maintenance (alimony)
- Workers' compensation
- Railroad retirement or black lung benefits
- Other (describe exemption): _____

I request that any correspondence to me regarding my claim be sent to the following address:

(FILL IN YOUR COMPLETE ADDRESS)