

_____ (Name)
_____ (Mailing Address)
_____ (City, State, Zip Code)
_____ (Phone Number)
_____ (Email Address)

IN THE JUSTICE COURT OF RECORD OF MISSOULA COUNTY, MONTANA

<p>_____ Plaintiff(s), -vs- _____ Defendant(s).</p>	<p>Case No.: _____ Hon. _____ MOTION FOR A HEARING ON EXEMPTIONS</p>
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I, _____, the Defendant(s) in this case, request the Court to schedule a Hearing on Exemptions in the above-entitled case to consider whether my income and/or property are exempt from Plaintiff's Judgment. The hearing should be within 10 business days of this request being filed with the Court.

Attached is a statement of the exemptions I am claiming with supporting documents for the claimed exemptions.

DATED this _____ day of _____, 20____.

Defendant Signature

STATEMENT OF CLAIMED EXEMPTIONS AND REASONS

(Attach to Motion for Hearing on Exemptions)

Check if Exempt	Income/Property	Reason <i>(check all boxes that are true)</i>	Documentation Attached? <i>(circle one)</i>
<input type="checkbox"/>	Money in my bank account(s)	<p>Exempt because it is from:</p> <ul style="list-style-type: none"> <input type="checkbox"/> My weekly earnings, wages or paycheck. 75% of my weekly disposable earnings is exempt. The execution cannot apply to more than 25% of my weekly disposable earnings <input type="checkbox"/> My weekly earnings, wages or paycheck. The execution cannot apply to my earnings at all because my weekly disposable earnings are \$217.50 or less (30 times the federal minimum hourly wage) <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Social Security/SSI <input type="checkbox"/> TANF <input type="checkbox"/> Child support/maintenance <input type="checkbox"/> Veterans' benefits <input type="checkbox"/> Retirement benefits <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Medical/disability benefits 	Yes / No
<input type="checkbox"/>	Paycheck or other earnings (before the money is deposited in an account)	<p>Exempt because:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 75% of my weekly disposable earnings is exempt, and the execution cannot exceed 25% of my weekly disposable earnings <input type="checkbox"/> my disposable weekly earnings are \$217.50 or less 	Yes / No

<input type="checkbox"/>	Motor vehicle: _____ <i>(describe the vehicle)</i>	Exempt because it is worth less than \$2500 after any loans owed on it	Yes / No
<input type="checkbox"/>	Personal property	Total value not more than \$4500 and no single item is worth more than \$600	Yes / No
<input type="checkbox"/>	Property used for work by me and/or my dependents	Total value not more than \$3000	Yes / No
<input type="checkbox"/>	IRAs/Roth IRAs	Exempt up to amount I put in and earned before Plaintiff's judgment	Yes / No
<input type="checkbox"/>	My home	Exempt up to \$250,000 in equity	Yes / No
<input type="checkbox"/>	Unmatured life insurance contracts	Total value exempt	Yes / No
<input type="checkbox"/>	Prescribed health aids	Total value exempt	Yes / No
<input type="checkbox"/>	Burial plots	Total value exempt	Yes / No

DATED this _____ day of _____, 20__.

Defendant Signature

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this Motion was served upon the Plaintiff/Defendant by placing the same in the U.S. Mail, postage fully paid thereon, addressed as follows on _____ (date).

_____ (Plaintiff / Defendant)

_____ (Mailing Address)

_____ (City, State, Zip Code)

_____ (Phone Number if known)

Signature of Person certifying this mailing