

State of Minnesota

District Court

County of: _____	Judicial District: _____
	Court File Number: _____
	Case Type: _____

Name of Creditor (first, middle, last)

and

Name of Debtor (first, middle, last)

Name of Third Party (Debtor's Employer)

**Execution Exemption Notice and
Notice of Intent to Levy on Earning**
(Minn. Stat. § 550.136, subd. 6)

PLEASE TAKE NOTICE that a levy may be served on your employer or other third parties, without any other court action or notice to you, ten days or more after service of this notice. Your earnings are completely exempt (cannot be taken) from execution levy (collection by your employer to be paid to the creditor) if you currently receive assistance based on need, if you have received any assistance based on need within the last six months, or if you have been an inmate of a correctional institution in the last six months.

Assistance based on need includes, but is not limited to:

MFIP – Minnesota Family Investment Program	Work Participation Cash Benefit
MFIP Diversionary Work Program	EA – Emergency Assistance
GA – General Assistance	MA – Medical Assistance
EGA – Emergency General Assistance	MSA – Minnesota Supplemental Aid
MSA- EA – MSA Emergency Assistance	SSI – Supplemental Security Income
MinnesotaCare	Food Support
Medicare Part B - Premium Payments	Medicare Part D - Extra help
Energy or Fuel Assistance	

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

You may wish to contact the creditor (or the attorney for the judgment creditor) to talk about a settlement of the debt. If you are not sure whether you have any exemptions, you should be sure to talk with an attorney about your rights.

PENALTIES

(1) You should be aware 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 ignored 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 charged costs and reasonable attorney's fees plus an amount not to exceed \$100.

(3) If after receiving 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: _____

Signature of Creditor (or Attorney for Creditor)

Creditor's Name: _____

Attorney for Creditor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____

State of Minnesota

District Court

County of: Select County	Judicial District: _____ Court File Number: _____ Case Type: _____
-----------------------------	--

Name of Creditor (first, middle, last)

and

Name of Debtor (first, middle, last)

**Judgment Debtor's Exemption
Claim Notice**

(Minn. Stat. § 550.136, subd. 6)

Name of Third Party (Debtor's Employer)

I claim that my earnings are exempt from execution because: (check all that apply)

- I currently receive assistance based on need. (State the program, case number, and the county providing assistance.)

Program	Case Number (if known)	County

- I am not now receiving assistance based on need, but I have received assistance based on need within the last six months. (State the program, case number, and the county that provided assistance.)

Program	Case Number (if known)	County

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

Correctional Institution

Location

I give my permission to any agency that has given me assistance to give information about my benefits to the above-named creditor, or to the creditor's attorney. The information will **ONLY** concern whether I get assistance or not, or whether I have gotten them in the past six months. If I was an inmate in the last six months, I give my permission to the correctional institution to tell the above-named creditor or the creditor's attorney that I was an inmate there.

You must sign and send this form back to the creditor's attorney (or to the creditor, if no attorney). Fill in the blanks below.

I have mailed or delivered a copy of this form to the judgment creditor or judgment creditor's attorney, if represented, at the address listed below.

Name of creditor or creditor's attorney

Address of creditor or creditor's attorney

City, State, Zip Code of creditor or creditor's attorney

Dated: _____

Signature of Debtor

Name of Debtor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-mail address: _____