

4-809

[1-065.2, 2-802, 3-802]

STATE OF NEW MEXICO

IN THE \_\_\_\_\_ COURT  
\_\_\_\_\_ COUNTY

No. \_\_\_\_\_

\_\_\_\_\_, Plaintiff

against

\_\_\_\_\_, 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

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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

\_\_\_\_\_  
Number and street or P.O. box

\_\_\_\_\_  
City, State, zip code

\_\_\_\_\_  
Telephone number

[As amended, effective July 1, 1992; January 1, 1995; January 1, 1996.]