ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	TELEPHONE NO.:	FOR COURT USE ONLY
Jane Doe 123 Main Street Los Angeles, CA 90001 ATTORNEY FOR (Name):		-$60 Filing fee -See procedure manual for instructions
NAME OF COURT, JUDICIAL DISTRICT OR BRANCH COURT, IF ANY Stanley Mosk, Central District		
PLAINTIFF: Jane Doe DEFENDANT: Michael Jones		
NOTICE OF HEARING ON CLAIM OF EXEMPTION (Wage Garnishment—Enforcement of Judgment)	LEVYING OFFICER FILE NO.:	COURT CASE NO.: 19STSC12345

1. TO:

Name and address of levying officer

Los Angeles County Sheriff's Department
111 N. Hill Street Room 525
Los Angeles, CA 90012

Name and address of judgment debtor

Michael Jones
456 Bird Lane
Los Angeles, CA 90001

☐ Claimant, if other than judgment debtor *(name and address):*

☑ Judgment debtor's attorney *(name and address):*

2. A hearing to determine the claim of exemption of
   - ☑ judgment debtor
   - ☐ other claimant

   will be held as follows:

a. date: 12/11/2019	time: 1:30 pm	☑ dept.: 092	☐ div.:	☐ rm.:

b. address of court:
111 N. Hill Street
Los Angeles, CA 90012

3. ☐ **The judgment creditor will not appear at the hearing and submits the issue on the papers filed with the court.**

Date: 11/24/2019

Jane Doe
(TYPE OR PRINT NAME)

▶ Jane Doe
(SIGNATURE OF JUDGMENT CREDITOR OR ATTORNEY)

If you do not attend the hearing, the court may determine your claim based on the Claim of Exemption, Financial Statement (when one is required), Notice of Opposition to Claim of Exemption, and other evidence that may be presented.

SAMPLE
DEPT. OF CONSUMER AND BUSINESS AFFAIRS

Form Approved by the Judicial Council of California
WG-010/EJ-175 [Rev. January 1, 2007]

NOTICE OF HEARING ON CLAIM OF EXEMPTION
(Wage Garnishment—Enforcement of Judgment)

Code of Civil Procedure, § 703.550, 706.107
www.courtinfo.ca.gov

SHORT TITLE:	LEVYING OFFICER FILE NO.	COURT CASE NO.
Doe v Jones		19STSC12345

PROOF OF SERVICE BY MAIL

I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is *(specify)*:

5900 White Oak Avenue
Encino, CA 91604

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by enclosing true copies in a sealed envelope addressed to each person whose name and address is given below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of deposit: 11/24/2019

(2) Place of deposit *(city and state)*:
Encino, CA

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Michael Jones
456 Central Avenue
Los Angeles, CA 90001

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 11/24/2019

James Johnson
(TYPE OR PRINT NAME)

▶ James Johnson
(SIGNATURE OF DECLARANT)

SAMPLE
DEPT. OF CONSUMER AND BUSINESS AFFAIRS

PROOF OF SERVICE—PERSONAL DELIVERY

I am over the age of 18 and not a party to this cause. My residence or business address is *(specify)*:

I served the attached Notice of Hearing on Claim of Exemption and the attached Notice of Opposition to Claim of Exemption by personally delivering copies to the person served as shown below.

PERSONS SERVED

Name	Delivery At		
	Date:	Time:	Address:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

▶
(TYPE OR PRINT NAME)

▶
(SIGNATURE OF DECLARANT)