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| County Court, Denver County, Colorado1437 Bannock Street, Room 135Denver, Colorado 80202, 720-865-7840Plaintiff(s):v.Defendant(s): | ▲COURT USE ONLY▲  |
| Attorney or Party Without Attorney (Name and Address): Phone Number: E-mail:FAX Number: Atty. Reg. #: | Case Number:Division: **Civil** Courtroom: |
| OBJECTION TO CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS OR FOR REDUCTION OF WITHOLDING PURSUANT TO SUBSECTION 13-54-104(2)(a)(I)(D) |

**Instructions to Judgment Debtor:** Use this form to object to the calculations of your exempt earnings.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EXEMPTION CHART** (“Minimum Hourly Wage” means state or federal minimum wage, whichever is greater.) | **PAY PERIOD**WeeklyBi-WeeklySemi-monthlyMonthly  | **AMOUNT EXEMPT IS THE GREATER OF:**40 x Minimum Hourly Wage or 80% of Disposable Earnings 80 x Minimum Hourly Wage or 80% of Disposable Earnings86.67 x Minimum Hourly Wage or 80% of Disposable Earnings173.3 x Minimum Hourly Wage or 80% of Disposable Earnings |

1. **Judgment Debtor’s objection to the Garnishee’s Calculation of the Amount of Exempt Earnings because I believe that the correct calculation is:**

Gross Earnings for My Pay Period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_thru \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_

Less Deductions Required by Law

(For Example, Withholding Taxes, FICA, Costs for Employer-Provided Health Insurance Withheld

From Earnings

 - $ \_\_\_\_\_\_\_\_\_\_\_\_

Disposable Earnings (Gross Earnings Less Deductions) = $ \_\_\_\_\_\_\_\_\_\_\_\_

Less Statutory Exemption (Use Exemption Chart on Writ) - $ \_\_\_\_\_\_\_\_\_\_\_\_

Net Amount Subject to Garnishment = $ \_\_\_\_\_\_\_\_\_\_\_\_

Less Wage/Income Assignment(s) During Pay Period (If Any) - $ \_\_\_\_\_\_\_\_\_\_\_\_

**Amount which should be withheld** = $ \_\_\_\_\_\_\_\_\_\_\_\_

**OR**

1. The earnings garnished are pension or retirement benefits/deferred compensation/health, accident or disability insurance

**and they are totally exempt because**:

I understand that I must make a good faith effort to resolve my dispute with the Garnishee.

I  **have**  **have not** attempted to resolve this dispute with the Garnishee.

Name of Person I Talked to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

1. **A greater portion of my disposable earnings should be exempt from garnishment for the support of me or my family that is supported in whole or in part by me. I request a court hearing to determine whether my earnings subject to garnishment, together with any other income received by my family, are insufficient to pay the actual and necessary living expenses of me and/or my family based upon proof of such expenses incurred during the 60 days prior to the hearing. In support of this I state the following:\***

|  |  |
| --- | --- |
| **Gross Monthly Income** | **Monthly Expenses** |
| Self (wages, salary, commission) | $ | Rent or Mortgage | $ |
| Spouse/Partner, Other Household Members | $ | Groceries | $ |
| Parents (if same household) | $ | Utilities | $ |
| Unemployment Benefits | $ | Clothing | $ |
| Social Security/Retirement Funds | $ | Maintenance/Alimony and/or Child Support | $ |
| Maintenance/Alimony | $ | Medical/Dental | $ |
| Other Income (identify) | $ | Other Expenses (identify) | $ |
| Other Income (identify) | $ | Other Expenses (identify) | $ |
| **Total Income** | $ | **Total Expenses** | $ |

**\*You are not required to use this form but will have to prove to the court that you are entitled to claim this exemption.**

**Debtor’s Notice to Garnishee:** Even though I am filing this Objection, you are directed to send my nonexempt earnings to the Court at the address noted instead of to the party designated in paragraph “e” on the front of the Writ of Continuing Garnishment. The Court will hold my nonexempt earnings in its registry until my Objection is resolved.

I certify that the above is correct to the best of my knowledge and belief and that I sent a copy of this document by 🞎certified mail (return receipt requested) to both the Garnishee and to the Judgment Creditor, or if the Judgment Creditor is represented by Counsel, 🞎certified mail (return receipt requested) to the Judgment Creditor’s Attorney or 🞎E-Service to the Judgment Creditor’s Attorney.

 By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.

 By checking this box, I am acknowledging that I have made a change to the original content of this form.

Garnishee Judgment Creditor or Attorney

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Judgment Debtor or

 Judgment Debtor’s Counsel and Reg. Number