
Plaintiff

vs.

No. _____

Defendant

CLAIM FOR EXEMPTION FROM WAGE ATTACHMENT

This Claim for Exemption must be filed with the Prothonotary of the Court within 30 days of service upon you of the Notice of Intent to Attach Wages.

To the Prothonotary:

I, the above-named defendant, claim exemption of my wages, salary or commissions from attachment on the following ground:

___ My net monthly income is below the poverty income guidelines as provided by the Federal Department of Health and Human Services.

OR

___ The amount of wages to be attached would place my net income below the poverty income guidelines as provided annually by the Federal Department of Health and Human Services.

I have ___ dependents.

My net monthly income is \$ _____.

(Net monthly income is your total monthly wages less (1) any support payments made to the court, (2) federal, state and local income taxes, (3) F.I.C.A. payments and nonvoluntary retirement payments. (4) union dues and (5) health insurance premiums.)

I certify that the statements made in this Claim for Exemption are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

Defendant

This claim shall be delivered or mailed to
Office of the Prothonotary
Court of Common Pleas
117 Baltimore Street, Room 104
Gettysburg, PA 17325
(717) 337-9834