

1 _____
(Name)

2 _____
(Address)

3 _____
(City, State, Zip Code)

4 _____
(Telephone Number)

5 _____
(E-mail Address)

6 Defendant/ Other, In Proper Person

7 **JUSTICE COURT, TOWNSHIP OF HENDERSON**
8 **CLARK COUNTY, NEVADA**

10 _____,
11 Plaintiff(s),
12 vs.
13 _____,
14 Defendant(s).

Case No.: _____
Dept. No.: _____

CLAIM OF EXEMPTION FROM EXECUTION

15 I, (insert your name) _____, submit this Claim of
16 Exemption from Execution pursuant to NRS 21.112 and state as follows:

17 (Check only one of the following boxes.)

18 I am a Defendant in this case and have had my wages withheld or have received a Notice of
19 Execution regarding the attachment or garnishment of my wages, money, benefits, or
20 property.

21 I am not a Defendant in this case, but my wages, money, benefits, or property are the subject
22 of an attachment or garnishment relating to a Defendant in this case. (NRS 21.112(10).)

23 My wages, money, benefits, or property are exempt by law from execution as indicated below.
24 Pursuant to NRS 21.112(4), if the Plaintiff/Judgment Creditor does not file an objection and notice of
25 hearing in response to this Claim of Exemption within eight judicial days after my Claim of Exemption
26 from Execution has been served, any person who has control or possession over my wages, money,
27 benefits, or property (such as my employer or bank, for example) must release them to me within nine
28 judicial days after this Claim of Exemption from Execution has been served.

1 (Check all of the following boxes that apply to your wages, money, benefits, or property.)

- 2 Money or payments received pursuant to the federal Social Security Act, including retirement,
3 disability, survivors' benefits, and SSI. (NRS 21.090(1)(y) and 42 U.S.C. § 407(a).)
- 4 Money or payments for assistance received through the Nevada Department of Health and
5 Human Services, Division of Welfare and Supportive Services, pursuant to NRS 422.291. (NRS
6 21.090(1)(kk) and 422A.325.)
- 7 Money or payments received as unemployment compensation benefits pursuant to NRS 612.710.
8 (NRS 21.090(1)(hh).)
- 9 Money or compensation payable or paid under NRS 616A to 616D (worker's compensation/
10 industrial insurance), as provided in NRS 616C.205. (NRS 21.090(1)(gg).)
- 11 Money or payments received as veteran's benefits. (38 U.S.C. § 5301.)
- 12 Money or payments received as retirement benefits under the federal Civil Service Retirement
13 System (CSRS) or Federal Employees Retirement System (FERS). (5 U.S.C. § 8346.)
- 14 Seventy-five percent (75%) of my disposable earnings. "Disposable earnings" are the earnings
15 remaining "after the deduction . . . of any amounts required by law to be withheld." (NRS
16 21.090(1)(g)(1).) The "amounts required by law to be withheld" are federal income tax,
17 Medicare, and Social Security taxes.
- 18 Check here if your disposable weekly earnings do not exceed \$362.50 or 50 times the
19 federal minimum wage ($50 \times \$7.25 = \362.50), in which case ALL of your disposable
20 earnings are exempt. (NRS 21.090(1)(g).)
- 21 Check here if your disposable weekly earnings are between \$362.50 and \$483.33, in which
22 case your exempt income is always \$362.50. Your non-exempt income is your weekly
23 disposable earnings minus \$362.50, which equals (*insert amount here*): \$ _____ per
24 week. (NRS 31.295.)
- 25 Money or benefits received pursuant to a court order for the support, education, and maintenance
26 of a child, or for the support of a former spouse, including arrearages. (NRS 21.090(1)(s)-(t).)
- 27 Money received as a result of the federal Earned Income Tax Credit or similar credit provided
28 under Nevada law. (NRS 21.090(1)(aa).)

- 1 \$1,000 or less of my money or personal property, identified as *(describe the specific money or property you*
2 *wish to make exempt)* _____,
3 which is not otherwise exempt under NRS 21.090. (NRS 21.090(1)(z).)
- 4 Money, up to \$500,000, held in a retirement plan in accordance with Internal Revenue Code,
5 including, but not limited to, an IRA, 401k, 403b, or other qualified stock bonus, pension, or
6 profit-sharing plan. (NRS 21.090(1)(r).)
- 7 All money, benefits, privileges, or immunities derived from a life insurance policy. (NRS
8 21.090(1)(k).)
- 9 Money, benefits, or refunds payable or paid from Nevada's Public Employees' Retirement System
10 pursuant to NRS 286.670. (NRS 21.090(1)(ii).)
- 11 A homestead recorded pursuant to NRS 115.010 on a dwelling (house, condominium, townhome,
12 and land) or a mobile home where my equity does not exceed \$550,000. (NRS 21.090(1)(l).)
- 13 My dwelling, occupied by me and my family, where the amount of my equity does not exceed
14 \$550,000, and I do not own the land upon which the dwelling is situated. (NRS 21.090(1)(m).)
- 15 Check here if the judgment being collected arises from a medical bill. If it does, your
16 primary dwelling and the land upon which it is situated (if owned by you), including a mobile
17 or manufactured home, are exempt from execution regardless of your equity. (NRS 21.095.)
- 18 My vehicle, where the amount of equity does not exceed \$15,000, or I will pay the judgment
19 creditor any amount over \$15,000 in equity. (NRS 21.090(1)(f).)
- 20 Check here if your vehicle is specially equipped or modified to provide mobility for you or
21 your dependent and either you or your dependent has a permanent disability. Your vehicle is
22 exempt regardless of the equity. (NRS 21.090(1)(p).)
- 23 A prosthesis or any equipment prescribed by a physician or dentist for me or my dependent.
24 (NRS 21.090(1)(q).)
- 25 My private library, works of art, musical instruments, jewelry, or keepsakes belonging to me or
26 my dependent, chosen by me and not to exceed \$5,000 in value. (NRS 21.090(1)(a).)
- 27 My necessary household goods, furnishings, electronics, clothes, personal effects, or yard
28 equipment, belonging to me or my dependent, chosen by me and not to exceed \$12,000 in value.

1 (NRS 21.090(1)(b).)

2 Money or payments received from a private disability insurance plan. (NRS 21.090(1)(ee).)

3 Money in a trust fund for funeral or burial services pursuant to NRS 689.700. (NRS 21.090(1)(ff).)

4 My professional library, equipment, supplies, and the tools, inventory, instruments, and materials
5 used to carry on my trade or business for the support of me and my family not to exceed \$10,000
6 in value. (NRS 21.090(1)(d).)

7 Money that I reasonably deposited with my landlord to rent or lease a dwelling that is used as my
8 primary residence, unless the landlord is enforcing the terms of the rental agreement or lease.
9 (NRS 21.090(1)(n).)

10 Money or payments, up to \$16,150, received as compensation for personal injury, not including
11 compensation for pain and suffering or actual pecuniary loss, by me or by a person upon whom I
12 am dependent. (NRS 21.090(1)(u).)

13 Money or payments received as compensation for loss of my future earnings or for the wrongful
14 death or loss of future earnings of a person upon whom I was dependent, to the extent reasonably
15 necessary for the support of me and my dependents. (NRS 21.090(1)(v)-(w).)

16 Money or payments received as restitution for a criminal act. (NRS 21.090(1)(x).)

17 Money paid or rights existing for vocational rehabilitation pursuant to NRS 615.270. (NRS
18 21.090(1)(jj).)

19 Child welfare assistance provided pursuant to NRS 432.036. (NRS 21.090(1)(ll).)

20 Other: _____
21 _____

22 **AUTOMATIC BANK ACCOUNT EXEMPTIONS**

23 *(Some direct-deposit funds are automatically protected and should not be taken from your bank account. If automatically*
24 *protected money was taken from your bank account, check the appropriate box below and attach proof of direct-deposit benefits.)*

25 All exempt federal benefits that were electronically deposited into my account during the prior
26 two months are protected, and I am, therefore, entitled to full and customary access to that
27 protected amount. (31 C.F.R. part 212.6(a).) Money in my personal bank account that exceeds
28 that amount may be subject to the exemptions stated above.

1 Exempt state or federal benefits were electronically deposited into my personal bank account
2 during the 45-day period preceding Plaintiff's service of the writ of execution or garnishment
3 relating to my personal bank account, and under Nevada law, I am entitled to full and customary
4 access to \$2,000 or the entire amount in the account, whichever is less, regardless of any other
5 deposits of money into the account. Money in my personal bank account that exceeds that
6 amount may be subject to the exemptions stated above. (A.B. 223, 2011 Leg., 76th Sess. (Nev.
7 2011).)

8 A writ of execution or garnishment was levied on my personal bank account, and under Nevada
9 law, I am entitled to full and customary access to \$400 or the entire amount in my account,
10 whichever is less, unless the writ is for the recovery of money owed for the support of any person.
11 Money in my personal bank account that exceeds \$400 may be subject to the exemptions stated
12 above. (A.B. 223, 2011 Leg., 76th Sess. (Nev. 2011).)

13 Pursuant to NRS 21.112(4), if you are a Garnishee or other person who has control or possession
14 over my exempt wages, bank accounts, benefits, other accounts/funds, or personal or real
15 property, as stated above, you must release that money or property to me within nine judicial days after
16 my Claim of Exemption from Execution was served on you, unless the Plaintiff/Judgment Creditor files
17 an objection and notice of hearing within eight judicial days after service of my Claim of Exemption from
18 Execution, which the Plaintiff/Judgment Creditor will serve on you by mail or in person.

19 DATED this _____ day of _____, 20_____.

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

22 _____ (signature)
23 _____ (print name)

24 Defendant/ Other, In Proper Person

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on the _____ day of _____, 20____, I placed
a true and correct copy of the foregoing **CLAIM OF EXEMPTION FROM EXECUTION** in the
United States Mail, with first-class postage prepaid, addressed to the following *(insert the name and address of the
following parties/entities):*

Attorney for Plaintiff/Judgment Creditor: _____
(or Plaintiff/Judgment Creditor directly if unrepresented) _____

Sheriff or Constable: _____

Garnishee:
 Employer _____
 Bank _____
 Other _____

DATED this _____ day of _____, 20_____.

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

(signature)

(print name)
 Defendant/ Other, In Proper Person