State of Tennessee	Court (Must Be Completed)	County (Must Be Completed)	
Request to Protect Income and Assets (Motion to Quash Garnishment/ Execution and Claim Exemption Rights)		File No. (Must Be Complete Division (Large Counties Count	,
Plaintiff/Creditor(Name: Fi	rst, Middle, Last of person/company that f	iled lawsuit)	
Defendant/Debtor (Name	: First, Middle, Last of the other person)		
Name and address of your E	Employer, if you have a job:	Employer's name	
Street address	City	State	Zip
called a Request to Po Or go on the internet	a filing fee. Can't afford to stpone Filing Fees and Or to www.tncourts.gov or vertical btor in the Court case listed all	der (Uniform Civil Affidav www.justiceforalltn.com to	vit of Indigency). o get the form.
income, benefits, and Social Security	property checked below when all Security Income) [[[[[[[[[[[[[[[[[[rever located. (Check all that ☐ Government Pension* ☐ Health Care Aids*, ☐ Insurance Benefits* ☐ Tools of Trade* (things yo	t apply):
the law allows yo than \$217.50, the weekly pay and \$	ur employer has already garnis u to keep at least \$217.50 of y e amount that can be taken (ga 3217.50 or 25% of your net wa	our weekly paycheck. If your arnished) is the difference bet ge, whichever is greater.)	weekly pay is more ween your net
② If any item checked al	26-2-111 (specify): bove has already been taken ed it:	or garnished, list the bank of	or agency that

3	I will prove that the items checked above are protected by federal or state law at a court hearing.				
)	Defendant/Debtor or Attorney for Defendant/De	ebtor signs here: _			
	Date:				
4	Date and time of the Hearing. (The court clerk	will tell you this inforr	mation).		
This	case is set for hearing at the court above on	, 20 (month/date)	0 at (year) (time)		
locate	ed at: (city, sta	te, zip)	, Room #		
Clerk	or Deputy Clerk				
	ig a stamped envelope addressed for each awyer or if there is no lawyer, mail it to the copy for <u>certifica</u>	e plaintiff or comp yourself. <u>te or service</u>	court Clerk. Mail one copy to pany that sued you. Keep one		
	(How I gave this paper rtify that I (check one box) ☐ hand delivered <u>or</u> ☐ mailed by first-class mail, properly address below:		,		
Nan	ne of Who You Are Giving This To (The cred	ditor's lawyer or the	creditor if no lawyer)		
Add	ress of the Lawyer or the Creditor (Include C	City, State and Zip (Code)		
on _	(Date you mailed/hand-delivered the copy)				
	-)	Sign Your Name		

IMPORTANT!

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.

The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.

DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT. The court **denies** this Request because (judge will check all that apply): The defendant did not prove that the income and assets listed should be protected. The defendant did not go to the court hearing for this case, and must pay the judgment as previously ordered. This Request is dismissed. The court **approves** this Request because the defendant proved that the income and assets listed should be protected: ☐ This decision was made by (check one): ☐ The Plaintiff/Creditor did not come to court (Default). ☐ The judge at the court hearing ☐ Agreement of both sides _____ Date:_____ Judge's signature: