

COURT, _____ COUNTY _____, COLORADO
CASE NO. _____ DIV./CT. RM. _____ JUDGMENT DEBTOR'S NAME _____

CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS WORKSHEET

PLAINTIFF(S): _____

DEFENDANT(S): _____

Gross Pay for _____ 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 Below) - \$ _____
Net Amount Subject to Garnishment = \$ _____
Less Wage/Income Assignment (If Any) - \$ _____
AMOUNT PAID = \$ _____

EXEMPTION CHART ("Minimum Hourly Wage" means state or federal minimum wage, whichever is greater.)	PAY PERIOD	AMOUNT EXEMPT IS THE GREATER OF:
	Weekly	40 x Minimum Hourly Wage or 80% of Disposable Earnings
	Bi-weekly	80 x Minimum Hourly Wage or 80% of Disposable Earnings
	Semi-monthly	86.67 x Minimum Hourly Wage or 80% of Disposable Earnings
	Monthly	173.3 x Minimum Hourly Wage or 80% of Disposable Earnings

I affirm that I am authorized to act for the Garnishee, the above Calculation is true and correct, and I have delivered a copy of this Calculation to the Judgment Debtor at the time earnings were paid for the above period.

Date: _____ Signature: _____

CUT ALONG THE DOTTED LINE AND MAIL WITH EACH CHECK TO THE PARTY DESIGNATED IN PARAGRPH "e" ON FRONT OF WRIT OF CONTINUING GARNISHMENT.

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CASE NO. _____ DIV./CT. RM. _____ JUDGMENT DEBTOR'S NAME _____

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PLAINTIFF(S): _____

DEFENDANT(S): _____

This form is effective until November 1, 2020 unless extended by the Administrator of the Uniform Consumer Credit Code to a date not later than February 1, 2021.

Gross Pay for _____ thru _____ \$ _____
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Costs for Employer-Provided Health Insurance Withheld From Earnings) - \$ _____
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