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| County Court District Court  County, Colorado | **COURT USE ONLY** |
| Court address: |
| Plaintiff(s):  v.  Defendant(s): |
| Judgment Debtor’s Attorney or Judgment Debtor (Name and Address):  Phone Number: E-mail:  FAX Number: Atty.Reg. #: | Case Number:  Division Courtroom |
| **OBJECTION TO CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS** | |

**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:

|  |  |  |
| --- | --- | --- |
| **EXEMPTION CHART**  (“Minimum Hourly Wage” means state or federal minimum wage, whichever is greater.) | **PAY PERIOD**  Weekly  Bi-Weekly  Semi-monthly  Monthly | **AMOUNT EXEMPT IS THE GREATER OF:**  30 x Minimum Hourly Wage or 75% of Disposable Earnings  60 x Minimum Hourly Wage or 75% of Disposable Earnings  65 x Minimum Hourly Wage or 75% of Disposable Earnings  130 x Minimum Hourly Wage or 75% 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) | - $ |
| 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**:

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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:

**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