

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado 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. #: _____	<b>▲ COURT USE ONLY ▲</b> Case Number: _____ Division _____ Courtroom _____
<b>OBJECTION TO CALCULATION OF THE AMOUNT OF EXEMPT EARNINGS OR FOR REDUCTION OF WITHHOLDING PURSUANT TO SUBSECTION 13-54-104(2)(a)(I)(D)</b>	

**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	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

**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, Costs for Employer-Provided Health Insurance Withheld From Earnings)	
	- \$ _____
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)	- \$ _____
<b>Amount which should be withheld</b>	<b>= \$ _____</b>

**OR**

**2. 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: \_\_\_\_\_

OR

3. A greater portion of my disposable earnings should be exempt from garnishment for the support of me or my family that is supported in whole or in part by me. I request a court hearing to determine whether my earnings subject to garnishment, together with any other income received by my family, are insufficient to pay the actual and necessary living expenses of me and/or my family based upon proof of such expenses incurred during the 60 days prior to the hearing. In support of this I state the following:\*

Gross Monthly Income		Monthly Expenses	
Self (wages, salary, commission)	\$	Rent or Mortgage	\$
Spouse/Partner, Other Household Members	\$	Groceries	\$
Parents (if same household)	\$	Utilities	\$
Unemployment Benefits	\$	Clothing	\$
Social Security/Retirement Funds	\$	Maintenance/Alimony and/or Child Support	\$
Maintenance/Alimony	\$	Medical/Dental	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
Other Income (identify)	\$	Other Expenses (identify)	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>

\*You are not required to use this form but will have to prove to the court that you are entitled to claim this exemption.

**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.

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Garnishee

Address: \_\_\_\_\_  
\_\_\_\_\_

Judgment Creditor or Attorney

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Judgment Debtor or  
Judgment Debtor's Counsel and Reg. Number