



Superior Court of the District of Columbia Civil Division

- ☐ **Civil Actions Branch** | 500 Indiana Ave, NW, Room 5000, Washington DC 20001 | 202-879-1133
- ☐ **Landlord & Tenant Branch** | 510 4th Street, NW, Room 110, Washington DC 20001 | 202-879-4879
- ☐ **Small Claims & Conciliation Branch** | 510 4th Street, NW, Room 120, Washington DC 20001 | 202-879-1120

Case Caption: _____ Case No.: _____

Note: This form is intended for use by judgment debtors whose money is in a bank account or other property has been “attached” (is being taken). It does not apply to wage garnishments. If your wages are being garnished, use the Motion to Exempt (Protect) Wages and Request a Hearing.

Motion to Exempt (Protect) Funds and Request a Hearing

1. Your name: _____

2. I live in, or earn more than half my income, in the District of Columbia: ☐ Yes ☐ No

3. I want to protect all or part of the money in my bank account. My money should be protected because it is:

- | | |
|---|---|
| <input type="checkbox"/> Social Security Retirement Benefits | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Worker’s compensation | <input type="checkbox"/> Child support or alimony |
| <input type="checkbox"/> Veterans’ benefits (VA) | <input type="checkbox"/> Any money, up to \$8,625 (if you do not own your home) |
| <input type="checkbox"/> Retirement or pension payments | <input type="checkbox"/> Any money, up to \$850 or more (if you own your home) |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Other (see list in attached notice): _____ |
| <input type="checkbox"/> Supplemental Security Income (SSI) or
Social Security Disability Insurance (SSDI) | _____ |

If needed, attach a new page to explain

4. If you checked one of the “any money” options above, please answer the following question
(otherwise, skip this question):

I ☐ have / ☐ have not filed a motion in a different case asking to protect money in my bank account.

Declaration

I declare under penalty of perjury that the information provided above is true and correct. Additionally, I request a hearing to determine whether my wages should be protected.

Defendant Name (Please Print)	
Address:	
Signature:	
Email Address:	
Telephone No:	Alternative Telephone No:

Attorney for Defendant Name, if applicable (Please Print)	
Address:	
Signature:	
Email Address:	
Telephone No.:	Attorney Bar No.:

Hearing Information

After you file your motion, the court will schedule a hearing. If you file in person, the clerk will provide you with a document containing the hearing details. If filed another way, you'll receive an email or notice with the date, time, and location. The hearing may be conducted remotely or in person, so be sure to read the notice carefully. You must attend the hearing, or your money may not be protected.

Be prepared to present documents showing your money is protected (such as a bank statement, Social Security benefits statement, or income statement) and to swear or affirm that the information is true.

Certificate of Service

You do not need to complete this section if you serve the motion through the court's electronic filing system or if you represent yourself in a small claims or landlord/tenant case.

I hereby certify this _____, that a copy of this filing was ☐ eServed in
Date

accordance with Administrative Order 13-15 or ☐ served by first class mail, postage prepaid, on the plaintiff's attorney (or the plaintiff if unrepresented) and all other self-represented parties and/or attorneys in this case, as listed below.

Name

Name

Email Address

Email Address

Phone Number

Phone Number

Physical Address

Physical Address

Date

Signature of Defendant