



## 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 wages from work are being actively garnished or are about to be garnished and does not apply to any other types of attachments. If your bank account or other property is being attached (being taken), use the Motion to Exempt (Protect) Funds and Request a Hearing.*

### Motion to Exempt (Protect) Wages and Request a Hearing

I, \_\_\_\_\_, request an exemption from garnishment of my wages due to financial hardship. I also request a court hearing on this motion.

1. I am presently:

- ☐ employed.
- ☐ unemployed. The last date I worked was \_\_\_\_\_, \_\_\_\_\_.  
Month Year

2. I receive the following: *(check all that apply)*

- ☐ Temporary Assistance for Needy Families Program (TANF)
- ☐ Program on Work, Employment, and Responsibility (POWER)
- ☐ General Assistance for Children Program (GAC)
- ☐ Supplemental Security Income (SSI)
- ☐ Interim Disability Assistance (IDA)
- ☐ Medicaid or
- ☐ D.C. Healthcare Alliance or similar health benefits

**If you checked the “unemployed” box in question 1, or any of the boxes in question 2, you do not need to answer any more questions and may skip to the Declaration on page 3. Otherwise go to the next question.**

3. I receive the following: *(check all that apply)*

- ☐ Social Security Retirement Benefits
- ☐ Social Security Disability Insurance (SSDI)
- ☐ Unemployment Compensation
- ☐ Veteran's Benefits
- ☐ Worker's Compensation
- ☐ Retirement or Pension Payments
- ☐ Other: \_\_\_\_\_

4. My total income over the past 12 months from all sources is \$ \_\_\_\_\_.

5. The number of people who depend on me for financial support: \_\_\_\_\_  
Of those, \_\_\_\_\_ are minor children or elderly.

6. I have a total of \$ \_\_\_\_\_ In cash, including money in bank accounts.

7. I own the following vehicles, real estate, or other valuable property: *(list all items)*

---

---

8. This is my best estimate of the monthly expenses for me and the people who depend on me for financial support:

Expense	Monthly Amount
Housing (such as rent, mortgage, taxes, insurance):	\$
Utilities (such as gas, electric, water, phone, internet):	\$
Food and household necessities:	\$
Child-related expenses (such as childcare, diapers):	\$
Health (such as medical, prescriptions, dental, vision, insurance):	\$
Transportation (such as vehicle loan, gas, insurance, metro, buses):	\$
Clothing:	\$
Education:	\$
Other debt and expenses:	\$
<b>Total Estimated Monthly Expenses:</b>	<b>\$</b>

9. Other circumstances that I want the judge to consider in support of my request are: *(explain any other reasons, such as any child support orders, large monthly expenses, debts, wage or bank account garnishments, or judgments)*

---

---

---

---

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

After you file this motion, the court will give you a hearing date and information. You must participate in your hearing. If you do not, your wages may not be protected.

Be prepared to share with the court documents/information to show your money falls into a checkbox category listed above (like a bank statement, Social Security or retirement statement, or other proof of your income or any public benefits that you or your dependents receive). Also be ready to show documentation of your monthly expenses. Be prepared to swear or affirm that the information you give is the truth.

## Certificate of Service

You do not need to complete this section if you serve the motion through the court's e-File (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
_____
Email Address
_____
Phone Number
_____
Physical Address
_____
Date

_____
Name
_____
Email Address
_____
Phone Number
_____
Physical Address
_____
Signature of Defendant