

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP: TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ <input type="checkbox"/> Santa Cruz Branch <input type="checkbox"/> Watsonville Branch 701 Ocean Street, Room 110 1 Second Street, Room 300 Santa Cruz, CA 95060 Watsonville, CA 95076	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
ORDER DETERMINING CLAIM OF EXEMPTION (ENFORCEMENT OF JUDGMENT)	CASE NUMBER: LEVYING OFFICER FILE NO:

1. The application of Judgment Creditor (name): _____ for an order determining the Claim of Exemption of Judgment Debtor (name): _____ was heard on (date): _____

2. Judgment Creditor (check boxes to indicate personal appearances)
 a. appeared (name): _____
 b. appeared by counsel (name): _____
 c. did not appear.

3. Judgment Debtor (check boxes to indicate personal appearances)
 a. appeared (name): _____
 b. appeared by counsel (name): _____
 c. did not appear.

4. The Court considered the evidence in support of and in opposition of the Claim of Exemption.

5. IT IS ORDERED
 a. The judgment debtor's Claim of Exemption is DENIED.
 b. The judgment debtor's Claim of Exemption is GRANTED.
 c. Funds are to be released to Judgment Creditor
 d. Funds are to be released to Judgment Debtor
 e. The clerk shall transmit a certified copy of this order to the levying officer.
 f. Other orders (specify): _____

Date: _____

(SIGNATURE OF JUDGE)