

STATE OF ILLINOIS)  
 )SS  
COUNTY OF WILL )

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS

\_\_\_\_\_  
Plaintiff - Judgment Creditor

and

CASE NO \_\_\_\_\_

\_\_\_\_\_  
Defendant - Judgment Creditor

NOTICE OF MOTION  
FOR  
WAGE DEDUCTION EXEMPTION HEARING

To: JUDGMENT CREDITOR OR  
ATTORNEY FOR JUDGMENT CREDITOR

EMPLOYER OR  
ATTORNEY FOR EMPLOYER

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_

I shall appear before the Honorable \_\_\_\_\_ in Courtroom \_\_\_\_\_ at  
10:30 A.M. on \_\_\_\_\_, or any Judge sitting in his/her stead and present a Motion to  
Claim Exemption under Wage Deduction proceedings.

Name \_\_\_\_\_  
ARDC# \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Telephone \_\_\_\_\_

\_\_\_\_\_  
Judgment Debtor/Defendant or Attorney

**PROOF OF SERVICE**

I, \_\_\_\_\_, (the attorney certify) (a non-attorney on oath) state that

G On \_\_\_\_\_, I served this notice by delivering a copy personally to the parties to whom it was directed on at  
\_\_\_\_\_ M.

G On \_\_\_\_\_, I served this notice by mailing a copy to the parties named above by depositing same in the United  
States Mail at \_\_\_\_\_, Illinois at \_\_\_\_\_ M. with first class postage prepaid.

Subscribed and Sworn to before me

\_\_\_\_\_  
Notary Public

STATE OF ILLINOIS)  
                                  )SS  
COUNTY OF WILL )

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT  
WILL COUNTY, ILLINOIS**

\_\_\_\_\_  
Plaintiff

and

CASE NO. \_\_\_\_\_

\_\_\_\_\_  
Defendant

**DEFENDANT’S MOTION TO CLAIM EXEMPTION  
UNDER  
WAGE DEDUCTION PROCEEDINGS**

Now comes the \_\_\_\_\_ defendant in the above entitled cause and moves this Court to find his/her wages to be exempt for the following reason(s):

1. The amount of wages that are being deducted:

**G** is greater that (A) 15% of my gross weekly wages or (B) the amount by which disposable earnings for a week exceed the total of 40 times federal minimum hourly wages.

**G** is greater than (A) 25% of disposable earnings for a week or (B) the amount by which disposable earnings for a week exceed 30 times the federal minimum hourly wage.

**G** include pension and retirement benefits and funds.

2. This claim is made based on the following facts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, Defendant prays that his/her wages be declared to be exempt.

Name \_\_\_\_\_  
ARDC # \_\_\_\_\_  
Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Phone \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_