

STATE OF MINNESOTA

IN SUPREME COURT

CX-89-1863, C6-84-2134

PROMULGATION OF AMENDMENTS  
TO THE MINNESOTA GENERAL RULES OF PRACTICE  
FOR THE DISTRICT COURTS, TITLE VI,  
CONCILIATION COURT RULES, FORM UCF 22,  
FINANCIAL DISCLOSURE FORM

**ORDER**

WHEREAS, pursuant to Minnesota Statutes, Section 550.37, subd. 4a, the Commissioner of Commerce has adjusted the dollar amounts of certain property that is exempt from attachment, garnishment or execution, and these adjustment are effective July 1, 1996; and

WHEREAS, these adjustment require amendment of UCF 22, Financial Disclosure Form, of the General Rules of Practice for the District Courts, Title VI, Conciliation Court Rules; and

WHEREAS, the Supreme Court is fully advised in the premises,

NOW, THEREFORE, IT IS HEREBY ORDERED that the attached amendments to the General Rules of Practice for the District Courts, Title VI, Conciliation Court Rules, UCF 22, Financial Disclosure Form, be, and the same hereby are, prescribed and promulgated to be effective immediately.

DATED: July 2, 1996

BY THE COURT:



A.M. Keith  
Chief Justice

OFFICE OF  
APPELLATE COURTS

JUL 2 1996

**FILED**

The purpose of this Financial Disclosure Form is to tell the JUDGMENT CREDITOR what money and property you have which may be used to pay the judgment the creditor obtained against you in the lawsuit. It also allows you to tell the creditor that some or all of your property and money is "exempt," which means that it cannot be taken to pay the judgment. You must answer every question on this form. If you need additional space, continue your answer on the back of the form or attach additional sheets if necessary. If you do not understand the questions or don't know how to fill out the form, call the court administrator for assistance or consult with an attorney.

**WARNING: IF YOU CLAIM AN EXEMPTION IN BAD FAITH, OR IF THE JUDGMENT CREDITOR WRONGLY OBJECTS TO AN EXEMPTION IN BAD FAITH, THE COURT MAY ORDER THE PERSON WHO ACTED IN BAD FAITH TO PAY COSTS, ACTUAL DAMAGES, ATTORNEY FEES, AND AN EXTRA \$100.**

1. JUDGMENT DEBTOR Name 2.  Individual  Partnership  
 Corporation  Other \_\_\_\_\_

3. Street Address 4. City 5. State 6. Zip

7. Date of Birth 8. If Married, Spouse's Full Name 9. Home Telephone Number  
( )

10. Employer or Business 11. Work Telephone Number  
( )

12. Street Address 13. City 14. State 15. Zip

16. What are your total wages, salary, or commissions per pay period?  
\$ \_\_\_\_\_ 17. How often are you paid?  Daily  Weekly  Twice a month  
 Monthly  Other \_\_\_\_\_

18. Do you have income from any other source?  Yes  No If yes, give the source and amount of the income:  
\_\_\_\_\_  
\_\_\_\_\_

19. By answering this question, you will be able to claim the exemptions you have for wages and income. The first exemption is already checked for you, check all others that apply:

- I claim that 75% of my disposable (after-tax) earnings or 40 times the federal minimum wage (now equals \$170 for 40-hour week) is exempt (whichever is greater), unless the judgment is for child support.
- If the judgment is for child support, I claim that the following percentage of my after tax earnings is exempt:
  - 50% (I am supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less).
  - 45% (I am supporting a spouse and/or dependent child, and the child support judgment is more than 12 weeks old).
  - 40% (I am not supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less).
  - 35% (I am not supporting a spouse and/or dependent child, and the child support judgment is more than 12 weeks old).
- I am presently receiving or have received relief based on need in the past 6 months so all my wages are exempt.  
Type of relief you receive \_\_\_\_\_
- I have been an inmate in a correctional institution within the past 6 months so all my wages are exempt.  
Name institution and release date \_\_\_\_\_
- My income is exempt because it is:  Unemployment Comp.  Worker's Comp.  V.A. Benefits  Social Security  
 Accident or Disability Benefits  Retirement Benefits  Other (specify) \_\_\_\_\_

20. Do you have a checking or savings account? (This includes any account whether you have it by yourself or with someone else, or whether it is in your name or any other name)  Yes  No For each, provide the following information:

Name and Address of Bank, Credit Union or Financial Institution	Type of Account	Account Number
_____	_____	_____
_____	_____	_____

21. If you claimed an exemption for your wages or income, you may claim an exemption when your money is deposited in a bank. Claim your exemptions by checking the boxes that apply to you:

- The money in my account is from exempt wages, income, or benefits.
- The money in my account is from the exempt sale of my homestead within the past year.
- The money in my account is from exempt life insurance received on the death of a spouse or parent.
- The money in my account is from other exempt property (specify) \_\_\_\_\_

22. Do you have any stocks, bonds, securities, certificates of deposit, mutual funds, money market account, etc.? (This includes any whether owned by you alone or with any other person, or whether it is in your name or any other name.)  Yes  No If yes, itemize these and the location of each:  
\_\_\_\_\_  
\_\_\_\_\_

23. Do you own your home?  Yes  No Your homestead (house owned and occupied by you) is exempt up to a value of \$200,000, or if used primarily for agricultural purposes, \$500,000. Do you own any other houses, land, or real estate?  Yes  No For each, give the following:

Location	Estimated Value	Amount Owed (if any)	To Whom
_____	_____	_____	_____
_____	_____	_____	_____

24. Do you own any motor vehicles, motorcycles, boats, snowmobiles, trailers, etc.?  Yes  No For each, provide the following:

Make	Model	Year	Lic. Plate No.	Market Value	Amount You Owe (if any)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

One motor vehicle worth up to ~~\$3,200~~ 3,400 (or ~~\$32,000~~ 34,000 if the vehicle has been modified at a cost of at least ~~\$2,400~~ 2,550 to accommodate a physical disability making a disabled person eligible for a parking permit under Minnesota Statutes, section 169.345) after subtracting what you owe is exempt. Which vehicle do you want to claim as exempt?  
 \_\_\_\_\_

25. Do you own any of the following property?

Cash or travelers checks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Farm supplies, implements, livestock, grain worth more than \$13,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household goods, furnishings, and personal effects that are worth more than <del>\$7,200</del> 7,650 total	<input type="checkbox"/> Yes <input type="checkbox"/> No	Business equipment, tools, machinery worth more than <del>\$8,000</del> 8,500 total	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jewelry	<input type="checkbox"/> Yes <input type="checkbox"/> No	Inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coins or stamp collections	<input type="checkbox"/> Yes <input type="checkbox"/> No	Accounts receivable/claims	<input type="checkbox"/> Yes <input type="checkbox"/> No
Firearms/Guns	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you the owner or partner in any business not already listed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life insurance policy with a cash (surrender) value more than <del>\$6,400</del> 6,800	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other property please specify _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any property that you are selling on a contract for deed	<input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered yes to any item in question 25, provide the following information:

Description and location of property (if not at residence)	Estimated Value	Amount Owed (if any)	To Whom
_____	_____	_____	_____
_____	_____	_____	_____

If you need additional space to answer the questions, continue your answers here. Indicate the question number your are answering. Attach additional sheets if necessary.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information is true and correct to the best of my knowledge.

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

Signature: \_\_\_\_\_

**NOTICE: FAILURE TO COMPLETE, SIGN, AND RETURN THIS FORM TO THE JUDGMENT CREDITOR WITHIN 10 DAYS MAY RESULT IN A CITATION FOR CIVIL CONTEMPT OF COURT.**