STATE OF MINNESOTA IN SUPREME COURT CX-89-1863, C6-84-2134

OFFICE OF APPELLATE COURTS

AUG 3 1 1998

ORDER PROMULGATING AMENDMENTS
TO THE MINNESOTA GENERAL RULES OF PRACTICE
FOR THE DISTRICT COURTS

FILED

WHEREAS, certain cross-references in Rule 114.02(b) of the General Rules of Practice for the District Courts are inaccurate; and

WHEREAS, administrative adjustments to the value of property exempt from execution requires amendment of UCF 22, Financial Disclosure Form, of the General Rules of Practice for the District Courts, Title VI, Conciliation Court; and

WHEREAS, the Supreme Court is fully advised in the premises, NOW, THEREFORE, IT IS HEREBY ORDERED that:

- 1. Rule 114.02(b) of the General Rules of Practice is amended as follows:
 - (b) Neutral. A "neutral" is an individual or organization who provides an ADR process. A "qualified neutral" is an individual or organization included on the State Court Administrator's roster as provided in Rule 114.132. An individual neutral must have completed the training and continuing education requirements provided in Rule 114.123. An individual neutral provided by an organization also must meet the training and continuing education requirements of Rule 114.123. Neutral fact-finders selected by the parties for their expertise need not undergo training nor be on the State Court Administrator's roster.
- 2. UCF 22, Financial Disclosure Form, of the General Rules of Practice for the District Courts, Title VI, Conciliation Court Rules, is amended as indicated in the attached form.
- 3. These amendments are effective immediately.

DATED: <u>Hugus</u> 3/, 1998

BY THE COURT:

Kathleen M. Blatz Chief Justice Financial Disclosure Form

M.S. 491A.02 subd. 9; 550.011

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? \$	total wages, salary, or commissions per pay period? \$ 17. How often are you paid? □ Daily □ 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 (\$206 170 for 40-hour week, \$190 beginning 10-1-96; \$206 beginning 9-1-97) 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 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) \square Yes \square 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 money in my account is from exempt life insurance received on the dea	- ·						
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.) \(\subseteq \text{Yes} \text{No} \) If yes, itemize these and the location of each:							

Location	E	Estimated Value	Amount O	wed (if any)	To Whom			
24. Do you own any motor vehicles, motorcycles, boats, snowmobiles, trailers, etc.? \(\subseteq \text{Yes} \subseteq \text{No} \) For each, provide the following:								
Make Model Yea	r Lic. Plate	No.	Market Value		ou Owe (if any)			
One motor vehicle worth up to \$3,60 making a disabled person eligible for to claim as exempt?	0 3,400 (or \$ 36,000 34,000 a parking permit under Min	if the vehicle has been nesota Statutes, sect	en modified at a cost of	at least \$ 2,7	00 2,550 to accommoda you owe is exempt. Wh	ate a physical disability		
25. Do you own any of the following	property?							
Cash or travelers checks	☐ Yes ☐ No		Farm supplies, implements, livestock, Yes No Grain worth more than \$13,000 Business equipment, tools, machinery Yes No Worth more than \$9,000 8,500 total					
Household goods, furnishings, and personal effects that are worth more than \$8,100 7,650-total	□ Yes □ No							
Jeweiry	□ Yes □ No		Inventory□ Yes □ No	,	•			
Coins or stamp collections	□ Yes □ No		Accounts receivable/claims□ Yes □ No Are you the owner or partner in any□ Yes □ No Business not already listed					
Firearms/Guns	☐ Yes ☐ No							
Life insurance policy with a cash (surrender) value more than \$7,200 6,	□ Yes □ No ,800		Any other property□ Y Please specify					
Any property that you are selling on a contract for deed	□ Yes □ No							
If you answered yes to any item in qu	sestion 25, provide the follow	wing information:						
Description and location of property	(if not at residence)	Estimated Value	Amount Owed (if	any) T	`o Whom	<u>-</u>		
If you need additional space to answe	er the questions, continue vo	or answers here. Ind	licate the question numb	er vour are a	nswering Attach addit	ional sheets if necessar		
II you are a sound on a special of the second	or the dissources sometime to	ui abnylo hery.	none are question manne		Alsweinig. 1 mans	IUIIGI SIRVES II IRVVISIMI J		
The above information is true and con	rrect to the best of my know	ledge.						
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.