STATE OF MINNESOTA

IN SUPREME COURT

CX-84-2136

ORDER

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

WHEREAS, amendments to the Conciliation Court Rules (Title VI of the General Rules of Practice for District Courts) promulgated by Supreme Court Order dated June 22, 1993, included a financial disclosure form UCF-22, and

WHEREAS, pursuant to Minnesota Statutes, section 550.37, subdivision 4a, the Commissioner of Commerce has announced adjustments to the dollar amounts of certain exempt property listed in form UCF-22.

NOW, THEREFORE, IT IS HEREBY ORDERED:

- 1. The attached form UCF-22 be, and the same hereby is, prescribed and promulgated for regulation of practice and procedure in the courts of the State of Minnesota.
- 2. The attached form UCF-22 shall supersede the previous form UCF-22.
- 3. This order shall be effective immediately.

DATED: July 20, 1994

OFFICE OF APPELLATE COURTS

JUL 2 1 1994



BY THE COURT

oit.

X.M. Keith Chief Justice

primarily for agricultural purposes, \$500,000. Do you own any other houses, land, or real estate? 🗆 Yes 🗆 No For each, give the fol					
Location	Estimated	d Value Amount Owed (if any)	To Whom		
		trailers, etc.? 🗆 Yes 🗆 No 🛛 For each, provide ti	he following:		
Make Model			Amount You Owe (if any		
			•		
	parking permit under Minnes	s been modified at a cost of at least \$2,400 to acco sota Statutes, section 169.345) after subtracting what			
Do you own any of the following property?					
Cash or travelers checks	🗆 Yes 🗆 No	Farm supplies, implements, livestock, grain worth more than \$13,000	🗆 Yes 🔲 No		
Household goods, furnishings, and personal effects that are worth more than \$7,200 total	🗆 Yes 🗆 No	Business equipment, tools, machinery worth more than \$8,000 total	🗆 Yes 🗆 No		
Jewelry	🗆 Yes 🛛 No	Inventory	🗆 Yes 🗆 No		
Coins or stamp collections	🗆 Yes 🗆 No	Accounts receivable/claims	🗆 Yes 🗆 No		
Firearms/Guns	🗆 Yes 🔲 No	Are you the owner or partner in any business not already listed	🗆 Yes 🗆 No		
Life insurance policy with a cash (surrender) value more than \$6,400	🗆 Yes 🗆 No	Any other property	🗆 Yes 🗆 No		
Any property that you are selling on a contract for deed	🗆 Yes 🔲 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. At additional sheets if necessary.					
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			·····		
The above information is true and corre	ect to the best of my knowle	dge.			

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.

UCF-22 (7		
Financial	Disclosure	Form

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UCF-22 FINANCIAL DISCLOSURE FORM

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 I Partnership Corporation I Other					
3. S	street Address	4. City	5. State	6. Zip				
7. Date of Birth 8. If Married, Spouse's Full Name			9. Home Telephone Number ()					
10.	0. 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? \$		How often are you paid? Daily Weekly Twice a month Other					
18.	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:								
	 If the judgment is for clinic support, i claim that the following percentage of my and tax canings is exclude. 50% (I am supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less). 45% (I am not supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less). 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 							
	□ 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.	0. 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) \Box Yes \Box No For each, provide the following information:							
	Name and Address of Bank, Credit Union or Financial Institution	Type of	Account Accoun	t Number				
21.	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.) \Box Yes \Box No If yes, itemize these and the location of each:								