

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

OFFICE OF
APPELLATE COURTS

AUG 31 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: August 31, 1998

BY THE COURT:

Kathleen M. Blatz
Kathleen M. Blatz
Chief Justice

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. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> 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? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ | |
| 18. Do you have income from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input checked="" type="checkbox"/> 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. <input type="checkbox"/> If the judgment is for child support, I claim that the following percentage of my after tax earnings is exempt: <input type="checkbox"/> 50% (I am supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less). <input type="checkbox"/> 45% (I am supporting a spouse and/or dependent child, and the child support judgment is more than 12 weeks old). <input type="checkbox"/> 40% (I am not supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less). <input type="checkbox"/> 35% (I am not supporting a spouse and/or dependent child, and the child support judgment is more than 12 weeks old). <input type="checkbox"/> 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 _____ <input type="checkbox"/> 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 _____ <input type="checkbox"/> My income is exempt because it is: <input type="checkbox"/> Unemployment Comp. <input type="checkbox"/> Worker's Comp. <input type="checkbox"/> V.A. Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> Accident or Disability Benefits <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> The money in my account is from exempt wages, income, or benefits. <input type="checkbox"/> The money in my account is from the exempt sale of my homestead within the past year. <input type="checkbox"/> The money in my account is from exempt life insurance received on the death of a spouse or parent. <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> 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 \$3,600 ~~2,400~~ (or \$36,000 ~~24,000~~ if the vehicle has been modified at a cost of at least \$2,700 ~~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 ☐ Yes ☐ No

Farm supplies, implements, livestock, ☐ Yes ☐ No
Grain worth more than \$13,000

Household goods, furnishings, and personal effects that are worth more than \$8,100 ~~7,650~~ total ☐ Yes ☐ No

Business equipment, tools, machinery ☐ Yes ☐ No
Worth more than \$9,000 ~~8,500~~ total

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 ☐ Yes ☐ No
Business not already listed

Life insurance policy with a cash (surrender) value more than \$7,200 ~~6,800~~ ☐ Yes ☐ No

Any other property ☐ Yes ☐ No
Please specify _____

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 you are answering. Attach additional sheets if necessary.

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.