# FINANCIAL DISCLOSURE FORM (JGM301)

**NOTICE:** If you do not complete, sign, and return this form to the Judgment Creditor **within 10 days** you may be found in civil contempt of court and could be penalized. Those penalties could include fines or jail time. Minn. Stat. § 588.10.

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." Exempt means that the property and money cannot be taken to pay the judgment. You must answer all questions on this form. This form is returned to the judgment creditor. It does **not** get filed with the court.

**Definitions:** In this form, the word "judgment" means the amount of money the court ordered you to pay to someone else. "Judgment Creditor" or "Creditor" is the person or entity that has the right to recover that money from you. "Debtor" is you – the person who owes the money.

Fill out the form below and return it to the judgment creditor. Do not file with the Court. **You must answer all questions on this form.** If you need more space to answer a question than what is given, use the space in Question 20 to include any additional information.

**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.

If you have questions about this form, you may contact your local court administrator, call the **Statewide Self-Help Center at 651-435-6535**, or <u>contact an attorney</u> (mncourts.gov/Help-Topics/Find-a-Lawyer.aspx).

# Judgment and Judgment Debtor Information

- 1. Judgment Debtor's Name: \_\_\_\_\_
- 2. The judgment debtor is:

Check all that apply:

An **individual**.

- $\Box$  A corporation.
- □ A partnership.
- Other:
- 3. Judgment Debtor's Address: \_\_\_\_\_ City, State, Zip:\_\_\_\_\_
- 4. Judgment Debtor's Date of Birth:

- 5. Judgment Debtor's Telephone: \_\_\_\_\_
- 6. If married, spouse's full name:

#### Employment, Etc.

7. Do you work?  $\Box$  No  $\Box$  Yes

#### If yes:

- a. How many jobs do you have: \_\_\_\_\_\_
- b. Give the following information for each job:
  - Note: there is space for 2 jobs. If you have more than 2 jobs, add more paper.

	Job #1 Name of employer:
	Employer's Address: City, State, Zip:
	Work phone number:
	What are your total wages, salary, or commissions per pay period? \$
	How often are you paid at this job?
	<ul> <li>Daily</li> <li>Weekly</li> <li>Twice a month</li> <li>Monthly</li> <li>Other:</li> </ul>
	Job #2 Name of employer:
	Employer's Address: City, State, Zip:
	Work phone number:
	What are your total wages, salary, or commissions per pay period? \$
	How often are you paid at this job? <ul> <li>Daily</li> <li>Weekly</li> <li>Twice a month</li> <li>Monthly</li> </ul> <li>Other:</li>
8.	Other Income.
	Do you have income from any other source? $\Box$ No $\Box$ Yes
	If yes, give the sources and amounts of the income:

# Exemptions Wages and Income. Minn. Stat. § 571.922 (revisor.mn.gov/statutes/cite/571.922).

- Minnesota law limits the amount of earnings that can be garnished for judgment collection. "Earnings" is defined in <u>Minn. Stat. § 571.921(a)</u> (revisor.mn.gov/statutes/cite/571.921).
- According to Minn. Stat. § 571.922(b), when the judgment is for **child support**, the percentage of the debtor's income that is exempt depends on two things:
  - Whether the debtor supports a spouse or dependent child; and
  - The age of the judgment.
- 9. Is the judgment in this case for **child support**?
  - □ No. The judgment against me in this case is *not* for child support, and I claim that 75% of my disposable (after-tax) earnings, or 40 times the federal minimum wage (now \$290 for a 40-hour work week), whichever is greater, is exempt.

Or

- □ **Yes.** The judgment against me is for child support, and I claim the following percentage of my after-tax earnings is exempt per Minn. Stat. § 571.922(b):
  - 50% (choose this option if you support a spouse or dependent child, and the child support judgment is 12 weeks old or less at the beginning of the work week in which you received the garnishment summons).
  - 45% (choose this option if you support a spouse or dependent child, and the child support judgment is more than 12 weeks old at the beginning of the work week in which you received the garnishment summons).
  - □ 40% (choose this option if you do not support a spouse or dependent child, and the child support judgment is 12 weeks old or less at the beginning of the work week in which you received the garnishment summons).
  - 35% (choose this option if you do not support a spouse or dependent child, and the child support judgment is more than 12 weeks old at the beginning of the work week in which you received the garnishment summons).

# **Other Exemption Claims**

# 10. Relief Based on Need.

Do you *currently* receive, or have you received public assistance in the last 6 months? This could include, but is not limited to Supplemental Security Income (SSI), General Assistance (GA) or Emergency GA, Supplemental Nutrition Assistance Program (SNAP), Minnesota Supplemental Security Aid (MSA) or Emergency MSA, Minnesota Family Investment Program (MFIP), MFIP Diversional Work Program (DWP), MinnesotaCare or Medical Assistance, Receipt of part D extra help or payment by the government of Medicare part B premiums, Emergency Assistance, and Energy or Fuel Assistance.  $\Box$  Yes, so all my wages are exempt.

If yes, list the type of public assistance you receive or received in the last 6 months:

#### 11. Inmate in a Correctional Institution.

Have you been an inmate in a correctional institution within the past 6 months?

🗆 No  $\Box$  Yes, so all my wages are exempt.

Name of Institution:

Release Date:

#### 12. Receipt of Other Benefits.

Do you receive any of the following:

a.	Unemployment Benefits $\Box$ No	$\Box$ Yes, this income is exempt.
b.	Worker's Comp $\Box$ No	$\Box$ Yes, this income is exempt.
c.	V.A. (Veterans' Administration) Benefits $\Box$ No	$\Box$ Yes, this income is exempt.
d.	Accident or Disability Benefits $\square$ No	$\Box$ Yes, this income is exempt.
e.	Retirement Benefits $\Box$ No	$\Box$ Yes, this income is exempt.
f.	Social Security Benefits $\hdots \hdots \hd$	$\Box$ Yes, this income is exempt.
g.	Other Benefits? $\Box$ No	$\Box$ Yes, this income is exempt.
	Describe:	

Other Assets: Accounts in a Financial Institution, Stocks, Land, Etc.

13. Do you have a **checking or savings account**? (This includes any account, whether you have it by yourself or with someone else, and whether it is in your name or in any other name.)

🗆 No 👘 🗆 Ye	s
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If yes, give the Name of the bank, credit union, or Financial Institution, Address, Type of Account, and Account Number for each account.

Name: \_\_\_\_\_\_ Address: Type of Account (savings, checking, etc.): \_\_\_\_\_ Account Number: \_\_\_\_\_\_ Name: \_\_\_\_\_ Address: Type of Account (savings, checking, etc.): \_\_\_\_\_ Account Number:

- 14. If you claimed an exemption for your wages or income, you may claim an exemption when exempt 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 (as listed above).
  - $\Box$  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): \_\_\_\_\_\_\_

#### 15. Other Assets.

Do you have any of the following assets?

- This includes any assets, whether owned by you alone or with any other person, or whether it is in your name or any other name.
- For any box you check below, give details (including the value, and the name and location of the bank, credit union, or other place where the asset is located).
- Stocks: \_\_\_\_\_\_
- □ Bonds: \_\_\_\_\_
- Certificates of Deposit (CDs):
- Mutual Funds: \_\_\_\_\_\_
- Money Market Account: \_\_\_\_\_\_
- □ Other: \_\_\_\_\_

# 16. Residence, Land, Etc.

A homestead (house owned and occupied by you) is exempt up to a value of \$510,000 or if used primarily for agricultural purposes, \$1,275,000. (Amounts are current as of July 1, 2024 and will be adjusted for inflation on July 1 in even numbered years under Minn. Stat. § 510.02. The new dollar amounts are published by the Minnesota Commerce Department.)

a. Do you own a homestead?

 $\Box$  No  $\Box$  Yes

If yes, list:

County homestead is in: \_\_\_\_\_

Estimated value of homestead (before mortgage and other liens):

Amount owed (if any) of homestead and who is owed the money:

Is this homestead used primarily for agricultural purposes?  $\Box$  No  $\Box$  Yes

b.	Do you own any othe	r houses, land, real estate, or time-share property (Minn. Stat.
	§ 510.02)? 🗌 No	🗆 Yes

If yes, for each home or property, list:

		County each home or property is in:
		Estimated value of each home or property (before mortgage and other liens):
		Amount owed (if any) of each home or property and who is owed the money:
	c.	Do you own any manufactured homes that you do not actually inhabit (live in) as a home (Minn. Stat. § 550.37, subd. 12)?
17. <b>V</b> e	ehicl	es, Motorcycles, Boats, Etc.
	a.	Do you own any motor vehicles, motorcycles, boats, snowmobiles, trailers, etc.?
		If yes, list the following for each:
		Make, Model, and Year: License Plate Number: Market Value: Amount Owed (if Any):
		Make, Model, and Year: License Plate Number: Market Value: Amount Owed (if Any):
		Note: One motor vehicle under Minn. Stat. § 550.337, subd. 12(a), worth up to \$10,000 (or \$100,000 if the vehicle has been modified to accommodate a disability making a physically disabled person eligible for a parking permit under Minn. Stat. § 169.345) after subtracting what you owe, is exempt.
	b.	Are you claiming that one of your vehicles is exempt?  No Yes
		If yes, which vehicle do you want to claim as exempt?
18. D	o yo	I own any of the following property?
	•	For any of these that you own, then later in this form (in #19), you will be asked to give detailed information.

Cash or travelers' checks $\Box$ No	🗆 Yes
Household goods, furnishings, and personal effects that are worth more than \$2 total (Minn. Stat. § 550.337, subd. 4)	12,150 □ Yes
Household tools and equipment (including but not limited to hand and power to snow removal equipment, and lawnmowers) worth more than \$3,000 $\Box$ No	ools, □ Yes
Jewelry (any) and watch (if more than 1) $\square$ No	□ Yes
Coins or stamp collections $\Box$ No	□ Yes
Firearms/guns	□ Yes
Life insurance dividends (amounts available to cash out) with a value of more th $10,000$ on a life insurance policy in which you are the insured or are a dependent insured (Minn. Stat. § 550.37, subd. 23)	
Ownership or partnership interest in a business not already listed $\Box$ No	$\Box$ Yes.
Farm machines and implements, etc., worth more than \$13,000 , or farm machi implements in any amount if you are not engaged principally in farming (Minn. \$550.37, subd. 5)	
Business equipment, tools, machinery worth more than \$13,500 $\Box$ No	🗆 Yes
Any contract you are selling on a contract for deed $\Box$ No	🗆 Yes
Inventory 🗌 No	□ Yes
Accounts receivable/claims $\Box$ No	□ Yes
Health Savings Account with a present value of more than \$25,000 $\Box$ No	□ Yes
Medical Savings Account with a present value of more than \$25,000 $\Box$ No	□ Yes
Any other specific property? (If yes, list in #19.) $\Box$ No	🗆 Yes

19. If you answered Yes to any item in question #18 above, give the following information for each item:

Description and Location of Property	Estimated	Amount Owed	Owed to Whom?
(if not at your residence)	Value	(if any)	

20. If you need more space to answer any of the questions above, you can use the space below. List the question you are answering. Attach more pages if necessary.



The information I included in this document is true and correct to the best of my knowledge.

Dated:

Signed:

Name:

Title (if signing on behalf of a corporation, partnership, etc.):

**Please Note**: **Do not file this form with the court** unless you are instructed or required to do so. If you must file this form with the court, please be aware that this is a public document. You must remove any account numbers from Question #13 before filing it with the court. If you need to provide account numbers to the court, you must use Form 11.1 (CON111) to list any account numbers. Your failure to use Form 11.1 may result in your account numbers being publicly available, being rejected by court staff, or stricken from the court record. Form 11.1 is found on the <u>Minnesota Judicial Branch</u> website (www.mncourts.gov/forms) under the "Confidential Information" forms category.