

## Financial Disclosure Form

Minn. Stat. §§ 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 all questions on this form.**

If you need more space, continue your answer on the back of the form or attach additional sheets if necessary. 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 contact an attorney.

**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 20 on this form before filing it with the court. If you need to provide account numbers to the court, you must use Form 11.1 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 Court Forms website ([www.mncourts.gov/forms](http://www.mncourts.gov/forms)) under the category of Confidential 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.**

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\$290 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.)

55% (I am supporting a spouse and/or dependent child, and the child support judgment is more than 12 weeks old.)

60% (I am not supporting a spouse and/or dependent child, and the child support judgment is 12 weeks old or less.)

65% (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 of 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

If yes, provide the following information for each:

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 \$450,000 or if used primarily for agricultural purposes, \$1,125,000.

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

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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 Owed (if any)

One motor vehicle worth up to \$5,000 (or \$50,000 if the vehicle has been modified at a cost of at least \$3,750 to accommodate a physical disability making a disabled person eligible for a parking permit under Minn. Stat. § 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 follow 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 \$11,250 total | <input type="checkbox"/> Yes <input type="checkbox"/> No | Business equipment, tools, machinery worth more than \$12,500 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 | Health Savings Account not exceeding a present value of \$25,000     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life insurance policy with a cash (surrender) value more than \$10,000                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical Savings Account not exceeding a present value of \$25,000    | <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 | Any other property (specify)   | <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 |  |  |

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.

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

Dated: \_\_\_\_\_ 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.**