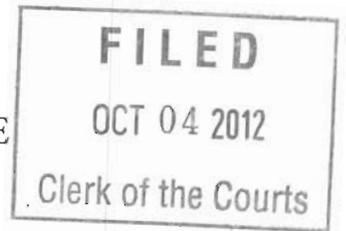


IN THE SUPREME COURT OF TENNESSEE  
AT NASHVILLE



**IN RE: PETITION OF TENNESSEE GENERAL SESSIONS  
JUDGES CONFERENCE FOR THE ADOPTION OF  
UNIVERSALLY ACCEPTABLE AND LEGALLY SUFFICIENT  
GENERAL SESSIONS CIVIL COURT FORMS**

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**No. M2011-01310-SC-RL1-RL - Filed: October 4, 2012**

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**ORDER**

On June 15, 2011, the Tennessee General Sessions Judges Conference (“GSJ Conference”) filed a petition submitting twenty-three proposed forms for use in Tennessee’s General Sessions Courts as Exhibit A to its petition and requesting the Supreme Court to approve the forms as “universally acceptable and legally sufficient for use in civil cases before the General Sessions Courts in Tennessee.” The proposed forms were created by a committee of the GSJ Conference, in consultation with and assistance from members of the Creditors’ Practice Section of the Tennessee Bar Association and representatives of the General Sessions Court Clerks.

On June 28, 2011, the Court published the GSJ Conference’s petition and proposed forms for public comment. During the public-comment period, the Access to Justice Commission (“ATJ Commission”) submitted a written request asking the Court to delay adoption of the forms and allow the Commission adequate time to complete its forms-review process. The ATJ Commission stated that it had begun its review of six of the proposed forms and would complete the review process of those forms by December 31, 2011, and that it would submit its recommendations as to the remaining seventeen proposed forms at a later date.

After the ATJ Commission submitted its comment, members of the GSJ Conference’s committee accepted the invitation of the ATJ Commission to form a joint committee to continue review of the initial six forms. After continued revision, the ATJ Commission submitted the revisions of the following six forms to the Court:

1. Protected Income and Assets (Affidavit of Claim Exemptions);
2. Request to Make Payments (Motion and Affidavit for Installment Payments and Order);

3. Request Not to Pay Fees for Appeal (Pauper's Oath in Lieu of Appeal Bond);
4. Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency);
5. Request to Protect Income and Assets (Motion to Quash Garnishment/Execution and Claim Exemption Rights); and
6. Sworn Denial (Sworn Denial on Account).

On March 12, 2012, the Court published the ATJ Commission's revised versions of the six forms for public comment and set June 12, 2012 as the deadline for submitting written comments. At the direction of the Court, the ATJ Commission reviewed the public comments and submitted its final recommendations, requesting that the Court adopt and approve the modified forms as universally acceptable as legally sufficient in Tennessee pursuant to Supreme Court Rule 52.

After carefully considering the original petition of the GSJ Conference, the written comments received during this process, and the ATJ Commission's original and final recommendations, the Court is pleased to grant the GSJ Conference's petition. Accordingly, pursuant to Tennessee Supreme Court Rule 52, the Court hereby adopts and approves, as universally acceptable and legally sufficient for use in all Tennessee general sessions courts, the forms set out in the attached Appendix to this order, effective December 1, 2012. The Court is not acting on the remaining forms originally proposed by the GSJ Conference, pending the ATJ Commission's review and recommendations as to those remaining forms.

The Clerk shall provide a copy of this order to LexisNexis and Thomson Reuters. In addition, this order shall be posted on the Tennessee Supreme Court's website.

IT IS SO ORDERED.

PER CURIAM

*APPENDIX*

**APPROVED GENERAL SESSIONS COURT FORMS**

- (1) Protected Income and Assets (Affidavit of Claim Exemptions);
- (2) Request to Make Payments (Motion and Affidavit for Installment Payments and Order);
- (3) Request Not to Pay Fees for Appeal (Pauper's Oath in Lieu of Appeal Bond);
- (4) Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency);
- (5) Request to Protect Income and Assets (Motion to Quash Garnishment/Execution and Claim Exemption Rights);  
and
- (6) Sworn Denial (Sworn Denial on Account).

|   |                                  |  |
|---|----------------------------------|--|
| <b>State of Tennessee</b>   | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)  |
| <b>Protected Income and Assets</b><br>(Affidavit of Claim Exemptions)                               |                                  | <b>File No.</b> _____<br>(Must Be Completed)<br><b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff/Creditor</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit) |                                  |  |
| <b>Defendant/Debtor</b> _____<br>(Name: First, Middle, Last of the other person)                    |                                  |  |

This Protected Income and Assets form is:       New/First time filed       Changed/Modified

You may use this form to tell the court about any income, property, or benefits that are protected from sale or seizure (garnishment) under state or federal law. You should file this form for each judgment you have against you.

**You may have to pay a filing fee. Can't afford the fee? Ask the court clerk for a paper called a Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency). Or go on the internet to [www.tncourts.gov](http://www.tncourts.gov) or [www.justiceforalltn.com](http://www.justiceforalltn.com) to get the form.**

Fill out the form. Make a copy for each judgment against you **before you write in the file number and before signing the form.** Sign each copy. You can update this form if you need to protect new property. You must file an update for all unpaid judgments against you.

**IMPORTANT! You can protect up to \$10,000.00 worth of personal property (lines 1-6), and only up to \$750.00 for line 7.**

Some things are automatically protected. You do not have to list them below, such as: your family's clothing and suitcases or trunks where the clothing is stored, family portraits and photographs, the family bible and schoolbooks.

① I am the Defendant/Debtor in the court case listed above. I live in Tennessee and I claim that the following items are protected from garnishment. (TCA §§ 26-2-102 and 26-2-114). This personal property exemption right is in addition to certain items that are automatically exempt by law and do not need to be included in my \$10,000 total, including funds on deposit in checking and/or savings accounts at:

\_\_\_\_\_  
Name of Bank

consisting solely of Social Security, SSI, Unemployment, Workers Comp, AFDC/Families First, Veteran's benefits, alimony or child support, and/or state, federal or city pension.

| Item                            | Describe | Value |
|---------------------------------|----------|-------|
| 1. Car, truck, or other vehicle |          | \$    |
|                                 |          |       |
|                                 |          |       |

|  |           |         |
|--|-----------|---------|
| 2. Furniture/Electronics                               |           | \$      |
|  |           |         |
|  |           |         |
|  |           |         |
|  |           |         |
| 3. Household goods                                     |           | \$      |
|  |           |         |
|  |           |         |
|  |           |         |
|  |           |         |
| 4. Bank Accounts                                       | Bank Name | Balance |
|  |           |         |
|  |           |         |
| 5. Other   |           | \$      |
|  |           | \$      |
|  |           | \$      |
| 6. Cash  |           | \$      |
| 7. Tools of the Trade (Things I need to earn a living) |           | \$      |

② **Read below then sign:**

I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information on this form is true to the best of my knowledge.
- The information I provided is a correct and complete list of all of my income and assets to be protected.

Defendant/Debtor

Signs here: ▶ \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk or Notary Public

**Bring the original and 2 copies of this form to the Court Clerk to be date stamped.  
Give the original to the Court Clerk.  
Bring a stamped envelope addressed for each plaintiff to the Court Clerk. Mail one copy to the lawyer or if there is no lawyer, mail it to the plaintiff or company that sued you. Keep one copy for yourself.**



|   |                                  |  |
|---|----------------------------------|--|
| <b>State of Tennessee</b>   | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)              |
| <b>Request to Make Payments</b><br>(Motion and Affidavit for Installment Payments and Order)        |                                  | <b>File No.</b> _____<br>(Must Be Completed)   |
|   |                                  | <b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff/Creditor</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit) |                                  |  |
| <b>Defendant/Debtor</b> _____<br>(Name: First, Middle, Last of the other person)                    |                                  |  |

|  |                    |   |
|--|--------------------|---|
| <b>You must go to Court on (Court Date):</b> _____ <b>at</b> _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |                    |   |
| <b>Courtroom:</b> _____<br>(Court, Address, Zip)   |                    |   |
| <b>Reset Date:</b> _____   | <b>Time:</b> _____ | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |
| <b>Review Date:</b> _____  | <b>Time:</b> _____ | <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. |

To ask the court to allow you to make payments on this case, you must:

- Send a copy of your completed form to the Plaintiff/Creditor or his/her lawyer, and
- Go to a court on the date listed above that the clerk's office gave you.
- Do not agree to pay more than you can afford. At this time, the law allows you to keep at least \$217.50 of your weekly paycheck. If your weekly pay is more than \$217.50, the amount that can be taken (garnished) is the difference between your net weekly pay and \$217.50 or 25% of your net wage, whichever is greater.

**You may have to pay a filing fee. Can't afford the fee? Ask the court clerk for a paper called a Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency). Or go on the internet to [www.tncourts.gov](http://www.tncourts.gov) or [www.justiceforalltn.com](http://www.justiceforalltn.com) to get the form.**

① I ask the court to allow me to make payments of (amount): \$\_\_\_\_\_ beginning \_\_\_\_\_ (date) toward this judgment, pursuant to Tennessee Code Annotated 26-2-216.

This amount will be paid (check **one**):  Weekly  Bi-weekly  Monthly

② **Your Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street address      city      state      zip

Tel. (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Birth date (mm/dd/yy): \_\_\_\_\_

③ **Dependents**

List your dependents below.

| Name | Age | Relationship | Name | Age | Relationship |
|------|-----|--------------|------|-----|--------------|
|      |     |              |      |     |              |

|    |  |  |    |  |  |
|----|--|--|----|--|--|
| 1. |  |  | 4. |  |  |
| 2. |  |  | 5. |  |  |
| 3. |  |  | 6. |  |  |

④ **Employment:** If you are working now, fill out below. If not working now, check here:

Employer's name: \_\_\_\_\_

Employer's address and tel. #:

\_\_\_\_\_ street address city state zip tel #

How much do you earn after taxes are deducted?

\$ \_\_\_\_\_ each (check **one**):  week  month  Other: \_\_\_\_\_

⑤ **Other Income:** List **any** other income that you get now or expect to get.

| Source of Income                         | How much do you get? | Source of Income                        | How much do you get? |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> AFDC            | \$ _____ / month     | <input type="checkbox"/> Unemployment   | \$ _____ / month     |
| <input type="checkbox"/> Social Security | \$ _____ / month     | <input type="checkbox"/> Worker's Comp. | \$ _____ / month     |
| <input type="checkbox"/> Retirement      | \$ _____ / month     | <input type="checkbox"/> Other*         | \$ _____ / month     |
| <input type="checkbox"/> Disability      | \$ _____ / month     | <input type="checkbox"/> SSI            | \$ _____ / month     |

\* Explain source of Other income here.

Other:

\_\_\_\_\_

\_\_\_\_\_

⑥ **Assets:** List all assets that you own separately, with your spouse or with someone else:

|  | Fair Market Value | Money still owed | =        |
|--|-------------------|------------------|----------|
| 1. Car, truck, or other vehicle                |                   |                  | \$ _____ |
| 2. Other car, truck, or other vehicle          |                   |                  | \$ _____ |
| 3. House, condominium, land                    |                   |                  | \$ _____ |
| 4. Other house, condominium, land              |                   |                  | \$ _____ |
| <b>List all bank/financial accounts below:</b> |                   |                  |          |

| Bank name |  | Balance  |
|-----------|--|----------|
| 5.        |  | \$ _____ |
| 6.        |  | \$ _____ |
| 7. Cash   |  | \$ _____ |
| Total:    |  | \$ _____ |

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**⑦ Expenses**

|   | How much each month? |  | How much each month? |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Rent/House Payment | \$ _____             | <input type="checkbox"/> Gas                         | \$ _____             |
| <input type="checkbox"/> Phone              | \$ _____             | <input type="checkbox"/> Child Care                  | \$ _____             |
| <input type="checkbox"/> Groceries          | \$ _____             | <input type="checkbox"/> Court-ordered Child Support | \$ _____             |
| <input type="checkbox"/> School Supplies    | \$ _____             | <input type="checkbox"/> Transportation              | \$ _____             |
| <input type="checkbox"/> Electricity        | \$ _____             | <input type="checkbox"/> Medical/Dental              | \$ _____             |
| <input type="checkbox"/> Clothing           | \$ _____             | <input type="checkbox"/> Other                       | \$ _____             |
| <input type="checkbox"/> Water              | \$ _____             | <input type="checkbox"/> Other                       | \$ _____             |

**⑧ Debts:**

| Who do you owe? | How much do you owe? | Who do you owe? | How much do you owe? |
|-----------------|----------------------|-----------------|----------------------|
| 1.              | \$ _____             | 4.              | \$ _____             |
| 2.              | \$ _____             | 5.              | \$ _____             |
| 3.              | \$ _____             | 6.              | \$ _____             |

**⑨** List any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**⑩** I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.

Sign here:  \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Bring the original and 2 copies of this form to the Court Clerk to be date stamped.  
Give the original to the Court Clerk.**

**Bring a stamped envelope addressed for each plaintiff to the Court Clerk. Mail one copy to the lawyer or if there is no lawyer, mail it to the plaintiff or company that sued you. Keep one copy for yourself.**

**Certificate of Service:**  
(How I gave this paper to the Plaintiff/Creditor)

I certify that I (check one box)

- hand delivered or
- mailed by first-class mail, properly addressed, a true and correct copy of this paper to the person listed below at the address below:

\_\_\_\_\_  
Name of Who You Are Giving This To (The creditor's lawyer or the plaintiff/creditor if no lawyer)

\_\_\_\_\_  
Address of the Lawyer or the Creditor (Include City, State and Zip Code)

on \_\_\_\_\_  
(Date you mailed/hand-delivered the copy)



\_\_\_\_\_  
Sign Your Name

**IMPORTANT!**

**Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.**

**The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.**

**DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT.**

- The court **denies** this Request because (judge will check all that apply):
  - The defendant did not prove s/he has the right to make payments.
  - The defendant did not go to the court hearing for this case. This *Request* is dismissed.
  - The defendant must pay court costs of: \$ \_\_\_\_\_



- The court **approves** this Request because the defendant proved s/he has the right to make payments. Garnishment will end, and the defendant will pay as follows:
  - Payments of: \$ \_\_\_\_\_, on the \_\_\_\_\_ day of each (month, week, other): \_\_\_\_\_ starting (date): \_\_\_\_\_ until (date of final payment): \_\_\_\_\_
  - Payments will be made to (check one):  Plaintiff or his/her lawyer  Court Clerk

This decision was made by (*check one*):  The Plaintiff did not show up to court (Default)  After a court hearing.  By agreement of the parties.

**A review of this decision is set for** (Date) \_\_\_\_\_ at (Time) \_\_\_\_\_  a.m.  p.m.  
(Location) \_\_\_\_\_

Judge's signature: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                  |  |
|--|----------------------------------|--|
| <b>State of Tennessee</b>  | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)  |
| <b>Request Not to Pay Fees for Appeal</b><br>(Pauper's Oath in Lieu of Appeal Bond)        |                                  | <b>File No.</b> _____<br>(Must Be Completed)<br><br><b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit) |                                  |  |
| <b>Defendant</b> _____<br>(Name: First, Middle, Last of the other person)                  |                                  |  |

If you do not have enough money to pay for the court costs to start your appeal, you may fill out this form.

### You may have to pay court costs at the end of the case.

I, \_\_\_\_\_, do solemnly swear that I am a resident of the State of Tennessee, and that owing to my poverty, I am not able to bear the expense of an appeal from the judgment of the Court in the above styled case and that I am justly entitled to the relief sought to the best of my belief.

**Read below then sign:**

I declare under penalty of perjury under the laws of the State of Tennessee that:

- I swear that I do not have enough money or assets to pay the court costs for my appeal *before* the court date.
- I ask the court to allow me to appeal without paying the fees at this time.
- The information on this form is true to the best of my knowledge.

Party Appealing : \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Deputy Clerk: \_\_\_\_\_

### Notice: Loss of appeal results in obligation to pay court costs.

\_\_\_\_\_  
Lawyer for Plaintiff

\_\_\_\_\_  
Lawyer for Defendant

\_\_\_\_\_  
Lawyer's Address

\_\_\_\_\_  
Lawyer's Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Plaintiff(s)

\_\_\_\_\_  
Defendant(s)

\_\_\_\_\_  
Home Address and Telephone

\_\_\_\_\_  
Home Address and Telephone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Place of Employment and Telephone

\_\_\_\_\_  
Place of Employment and Telephone

**IMPORTANT!**

**Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.**

**The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer.**

|  |                                  |  |
|--|----------------------------------|--|
| <b>State of Tennessee</b>  | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)              |
| <b>Request to Postpone Filing Fees and Order</b><br>(Uniform Civil Affidavit of Indigency) |                                  | <b>File No.</b> _____<br>(Must Be Completed)   |
|  |                                  | <b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit) |                                  |  |
| <b>Defendant</b> _____<br>(Name: First, Middle, Last of the other person)                  |                                  |  |

If you cannot afford to pay the filing fees or costs at this time,  
fill out this form. And file it with your completed case documents.  
Even if the judge approves this form, you may have to pay court costs at the end of the case.

**① Your Information**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
street address
city
state
zip

Tel. (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Birth date (mm/dd/yy): \_\_\_\_\_

**② Dependents**

List your dependents below.

| Name | Age | Relationship | Name | Age | Relationship |
|------|-----|--------------|------|-----|--------------|
| 1.   |     |              | 4.   |     |              |
| 2.   |     |              | 5.   |     |              |
| 3.   |     |              | 6.   |     |              |

**③ Employment:** If you are working now, fill out below. If not working now, check here:

Employer's name: \_\_\_\_\_

Employer's address and tel. #:

\_\_\_\_\_ street address city state zip tel #

How much do you earn after taxes are deducted?

\$ \_\_\_\_\_ each (check **one**):  week  month  Other: \_\_\_\_\_

④ **Other Income:** List **any** other income that you get now or expect to get.

| Source of Income                         | How much do you get? | Source of Income                        | How much do you get? |
|--|----------------------|---|----------------------|
| <input type="checkbox"/> AFDC            | \$ _____ / month     | <input type="checkbox"/> Unemployment   | \$ _____ / month     |
| <input type="checkbox"/> Social Security | \$ _____ / month     | <input type="checkbox"/> Worker's Comp. | \$ _____ / month     |
| <input type="checkbox"/> Retirement      | \$ _____ / month     | <input type="checkbox"/> Other*         | \$ _____ / month     |
| <input type="checkbox"/> Disability      | \$ _____ / month     | <input type="checkbox"/> SSI            | \$ _____ / month     |

\* Explain source of Other income here.

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

⑤ **Assets:** List all assets that you own separately, with your spouse or with someone else:

|  | Fair Market Value | - Money still owed | =              |
|--|-------------------|--------------------|----------------|
| 1. Car, truck, or other vehicle                |                   |                    | \$ _____       |
| 2. Other car, truck, or other vehicle          |                   |                    | \$ _____       |
| 3. House, condominium, land                    |                   |                    | \$ _____       |
| 4. Other house, condominium, land              |                   |                    | \$ _____       |
| <b>List all bank/financial accounts below:</b> |                   |                    |                |
| <b>Bank name</b>                               |                   |                    | <b>Balance</b> |
| 5.   |                   |                    | \$ _____       |
| 6.   |                   |                    | \$ _____       |
| 7. Cash  |                   |                    | \$ _____       |
| Total:   |                   |                    | \$ _____       |

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

⑥ **Expenses:**

|   | How much each month? |  | How much each month? |
|---|----------------------|--|----------------------|
| <input type="checkbox"/> Rent/House Payment | \$ _____             | <input type="checkbox"/> Gas                         | \$ _____             |
| <input type="checkbox"/> Phone              | \$ _____             | <input type="checkbox"/> Child Care                  | \$ _____             |
| <input type="checkbox"/> Groceries          | \$ _____             | <input type="checkbox"/> Court-ordered Child Support | \$ _____             |
| <input type="checkbox"/> School Supplies    | \$ _____             | <input type="checkbox"/> Transportation              | \$ _____             |

|                                      |          |   |          |
|--------------------------------------|----------|---|----------|
| <input type="checkbox"/> Electricity | \$ _____ | <input type="checkbox"/> Medical/Dental | \$ _____ |
| <input type="checkbox"/> Clothing    | \$ _____ | <input type="checkbox"/> Other          | \$ _____ |
| <input type="checkbox"/> Water       | \$ _____ | <input type="checkbox"/> Other          | \$ _____ |

⑦ **Debts:**

| Who do you owe? | How much do you owe? | Who do you owe? | How much do you owe? |
|-----------------|----------------------|-----------------|----------------------|
| 1.              | \$ _____             | 4.              | \$ _____             |
| 2.              | \$ _____             | 5.              | \$ _____             |
| 3.              | \$ _____             | 6.              | \$ _____             |

⑧ I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information I have provided is true, correct, and complete.
- I cannot afford to pay the filing fees at this time.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
My Term Expires

**IMPORTANT!**

**Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.**

**The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.**

**DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT.**

- The court **denies** this Request because (judge will check all that apply):
  - The applicant did not prove s/he cannot afford to pay costs associated with this case at this time.
  - The applicant did not go to the court hearing for this case. This Request is dismissed.
  - The applicant must pay court costs of: \$ \_\_\_\_\_



- The court **approves** this Request and the applicant may file without paying the filing fees or costs at this time.

Judge's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE:**

**If the judge determines that you are not eligible to postpone filing fees, you have the right to a hearing before the judge. Or in cases that can be appealed to circuit court, a hearing before the circuit court judge.**

|   |                                  |  |
|---|----------------------------------|--|
| <b>State of Tennessee</b>   | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)  |
| <b>Request to Protect<br/>Income and Assets</b><br>(Motion to Quash Garnishment/<br>Execution and Claim Exemption Rights) |                                  | <b>File No.</b> _____<br>(Must Be Completed)<br><br><b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff/Creditor</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit)                       |                                  |  |
| <b>Defendant/Debtor</b> _____<br>(Name: First, Middle, Last of the other person)  |                                  |  |

|   |      |                 |     |
|---|------|-----------------|-----|
| Name and address of your Employer, if you have a job: _____ |      |                 |     |
|   |      | Employer's name |     |
| Street address  | City | State           | Zip |

Certain kinds of income and property are protected from garnishment, even if there is a court order. You may use this form to ask the court for a hearing and orders to protect or return the items checked below (TCA §§26-2-101 – 26-2-410). You should bring documents to show why this money should be protected.

**You may have to pay a filing fee. Can't afford the fee? Ask the court clerk for a paper called a Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency). Or go on the internet to [www.tncourts.gov](http://www.tncourts.gov) or [www.justiceforalltn.com](http://www.justiceforalltn.com) to get the form.**

- ① I am the Defendant/Debtor in the Court case listed above, and I ask the court to protect my exempt income, benefits, and property checked below wherever located. (Check all that apply):
- |  |  |
|--|--|
| <input type="checkbox"/> Social Security<br><input type="checkbox"/> SSI (Supplemental Security Income)<br><input type="checkbox"/> Unemployment<br><input type="checkbox"/> TANF<br><input type="checkbox"/> Veterans Benefits<br><input type="checkbox"/> Student Loans and Grants | <input type="checkbox"/> Government Pension*<br><input type="checkbox"/> Health Care Aids*,<br><input type="checkbox"/> Insurance Benefits*<br><input type="checkbox"/> Tools of Trade* (things you need to earn a living) |
|--|--|
- \* These are usually exempt.
- Check here if your employer has already garnished the maximum amount allowed. (At this time, the law allows you to keep at least \$217.50 of your weekly paycheck. If your weekly pay is more than \$217.50, the amount that can be taken (garnished) is the difference between your net weekly pay and \$217.50 or 25% of your net wage, whichever is greater.)
- Other (see TCA 26-2-111 (specify): \_\_\_\_\_)
- ② If any item checked above has already been taken or garnished, list the bank or agency that that took it or garnished it: \_\_\_\_\_
- ③ I will prove that the items checked above are protected by federal or state law at a court hearing.
- ▶ Defendant/Debtor or Attorney for Defendant/Debtor signs here: \_\_\_\_\_
- Date: \_\_\_\_\_

④ Date and time of the Hearing. (The court clerk will tell you this information).

This case is set for hearing at the court above on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
(month/date) (year) (time)  
located at: \_\_\_\_\_, Room #\_\_\_\_\_  
(street) (city, state, zip)  
\_\_\_\_\_  
Clerk or Deputy Clerk

**Bring the original and 2 copies of this form to the Court Clerk to be date stamped.  
Give the original to the Court Clerk.  
Bring a stamped envelope addressed for each plaintiff to the Court Clerk. Mail one copy to  
the lawyer or if there is no lawyer, mail it to the plaintiff or company that sued you. Keep one  
copy for yourself.**

**Certificate of Service**

(How I gave this paper to the Plaintiff/Creditor)

I certify that I (**check one box**)

hand delivered or

mailed by first-class mail, properly addressed, a true and correct copy of this paper to the person listed below at the address below:

\_\_\_\_\_  
Name of Who You Are Giving This To (The creditor's lawyer or the creditor if no lawyer)

\_\_\_\_\_  
Address of the Lawyer or the Creditor (Include City, State and Zip Code)

on \_\_\_\_\_.  
(Date you mailed/hand-delivered the copy)

\_\_\_\_\_  
**Sign Your Name**

**IMPORTANT!**

**Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.**

**The court and clerks are not allowed to give you legal advice, even if you don't have a lawyer. This form is a public record. It is not legal advice. The law may change and it is best to consult with a lawyer if possible.**

**DO NOT FILL OUT THIS SECTION BELOW. THE JUDGE WILL FILL THIS SECTION OUT AT COURT.**

- The court **denies** this Request because (judge will check all that apply):
  - The defendant did not prove that the income and assets listed should be protected.
  - The defendant did not go to the court hearing for this case, and must pay the judgment as previously ordered. This Request is dismissed.



- The court **approves** this Request because the defendant proved that the income and assets listed should be protected:

- This decision was made by (check one):
  - The Plaintiff/Creditor did not come to court (Default).
  - The judge at the court hearing
  - Agreement of both sides

Judge's signature:  \_\_\_\_\_ Date: \_\_\_\_\_

|   |                                  |  |
|---|----------------------------------|--|
| <b>State of Tennessee</b>   | <b>Court</b> (Must Be Completed) | <b>County</b> (Must Be Completed)              |
| <b>Sworn Denial</b><br>(Sworn Denial on Account)  |                                  | <b>File No.</b> _____<br>(Must Be Completed)   |
|   |                                  | <b>Division</b> _____<br>(Large Counties Only) |
| <b>Plaintiff/Creditor</b> _____<br>(Name: First, Middle, Last of person/company that filed lawsuit) |                                  |  |
| <b>Defendant/Debtor</b> _____<br>(Name: First, Middle, Last of the other person)                    |                                  |  |

**You can use this form if you disagree with any of the Plaintiff's claims.  
You should file the original with the court listed above by the court date.**

**You may have to pay a filing fee. Can't afford the fee? Ask the court clerk for a paper called a Request to Postpone Filing Fees and Order (Uniform Civil Affidavit of Indigency). Or go on the internet to [www.tncourts.gov](http://www.tncourts.gov) or [www.justiceforalltn.com](http://www.justiceforalltn.com) to get the form.**

**Important!** If you do not file this form, you can tell the judge that you disagree. But it is generally better to file the form to protect your rights.

I swear the following:

- ① I am the Defendant /Debtor in the case listed above.
- ② I believe I do not owe what the Plaintiff/Creditor is asking for, as described in the Complaint.
- ③ I understand that by making this statement, there may be a trial. Defendant submits this Sworn Denial as allowed by T.C.A. § 24-5-107 and demands strict proof thereof.
- ④ Please briefly list some of your reasons for your denial. You can raise additional defenses at the hearing. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Read below then sign:**

I declare under penalty of perjury under the laws of the State of Tennessee that:

- The information on this form is true to the best of my knowledge.

Defendant:  \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name

Notary Public/Deputy Clerk in and for \_\_\_\_\_ County, Tennessee.

My Commission expires on \_\_\_\_\_.

**IMPORTANT!**

Take any proof that supports your case to the hearing, including: witnesses, photos, papers, receipts, etc. The court will not accept written statements from witnesses. The person must go to court in person. If you think a witness may not want to go to court, ask the clerk for subpoena forms. Complete the subpoena as soon as possible so the sheriff can serve them before court.

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Bring the original and 2 copies of this form to the Court Clerk to be date stamped.  
Give the original to the Court Clerk.  
Bring a stamped envelope addressed for each plaintiff to the Court Clerk. Mail one copy to the lawyer or if there is no lawyer, mail it to the plaintiff or company that sued you. Keep one copy for yourself.

**Certificate of Service**

(How I gave this paper to the Plaintiff/Creditor)

I certify that I (check one box)

- hand delivered or
- mailed by first-class mail, properly addressed, a true and correct copy of this paper to the person listed below at the address below:

\_\_\_\_\_  
Name of Who You Are Giving This To (The creditor's lawyer or the plaintiff/creditor if no lawyer)

\_\_\_\_\_  
Address of the Lawyer or the Creditor (Include City, State and Zip Code)

on \_\_\_\_\_.  
(Date you mailed/hand-delivered the copy)

▶ \_\_\_\_\_  
Sign Your Name