571.925 FORM OF NOTICE.

The ten-day notice informing a debtor that a garnishment summons may be used to garnish the earnings of an individual must be substantially in the following form:

State of Minnesota	**District Court**
County of:	Judicial District: .....
	Court File Number: .....
	Case Type: .....
Creditor's full name	
.....	**Garnishment Exemption Notice and**
and	**Notice of Intent to Garnish Earnings**
Debtor's full name	
.....	
Third Party (bank, employer, or other)	
.....	

Notice: A garnishment may be served on your employer or other third parties. **Garnishment means that part of your earnings can be taken to pay off debts that you owe.** This can happen in 10 days or more after you get this notice. This can happen without any other court action or notice to you. **But some of your money may be protected.**

Your earnings cannot be taken if:

(i) you are getting government assistance based on need,

(ii) you got any government assistance based on need in the last 6 months, or

(iii) you were an inmate of a correctional institution in the last 6 months.

These are called exemptions. Your money is NOT protected unless you fill out the Exemption Claim Notice attached and send it back to the creditor or the creditor's lawyer. If you are not sure if you have any exemptions, talk to a lawyer.

You can also contact the creditor or their lawyer to talk about a settlement of the debt.

Examples of government assistance based on need:

(i) **MFIP** - Minnesota Family Investment Program

(ii) **DWP** - MFIP Diversionary Work Program

(iii) **SNAP** - Supplemental Nutrition Assistance Program

(iv) **GA** - General Assistance

(v) **EGA** - Emergency General Assistance

(vi) **MSA** - Minnesota Supplemental Aid

(vii) **MSA-EA** - MSA Emergency Assistance

(viii) **EA** - Emergency Assistance

(ix) **Energy or Fuel Assistance**

(x) **Work Participation Cash Benefit**

(xi) **MA** - Medical Assistance

(xii) **MinnesotaCare**

(xiii) **Medicare Part B** - Premium Payments help

(xiv) **Medicare Part D** - Extra

(xv) **SSI** - Supplemental Security Income

(xvi) **Tax Credits** - federal Earned Income Tax Credit (EITC), Minnesota Working Family Credit

(xvii) **Renter's Refund** (also called Renter's Property Tax Credit)

Warnings and Fines

(1) Even if you claim an exemption, a levy may still be served on your employer. If they take money from you after you claim an exemption, you may ask the court to review your exemption. If the court finds that the creditor ignored your claim of exemption in bad faith, you are entitled to costs, reasonable lawyer fees, actual damages, and a fine up to $100. Bad faith is when someone does something wrong on purpose.

(2) BUT if you claim an exemption, the creditor can also ask the court to review your exemption. If the court finds that you claimed an exemption in bad faith, you are charged costs and reasonable lawyer fees, and a fine up to $100.

(3) If you get this notice, then do something in bad faith to try to block or stop the levy and the creditor has to take you to court because of it, you will have to pay the creditor's costs, and reasonable lawyer's fees, and a fine up to $100.

Date: .....

Creditor's Signature: .....

(or creditor's lawyer's signature)

Creditor's Name: .....

(or creditor's lawyer's name)

Street Address: .....

City/State/Zip: .....

Phone: ..... Fax: .....

Email: .....

DEBTOR'S EXEMPTION CLAIM NOTICE

State of Minnesota **District Court**

County of: ..... Judicial District: .....

Court File Number: .....

Case Type: .....

Creditor's full name

..... **Debtor's Exemption**

and **Claim Notice**

Debtor's full name

.....

and

Third Party (bank, employer, or other)

.....

I claim that my earnings are exempt from this garnishment because: (check all that apply)

... I am getting government assistance based on need. (State the program, case number if you know it, and the county you got it from.)

Program: ..... Case #: ..... County: .....

Program: ..... Case #: ..... County: .....

Program: ..... Case #: ..... County: .....

... I am not getting assistance based on need right now, but I did get government assistance based on need within the last 6 months. (State the program, case number if you know it, and the county you got it from.)

Program: ..... Case #: ..... County: .....

Program: ..... Case #: ..... County: .....

Program: ..... Case #: ..... County: .....

... I was an inmate of a correctional institution within the last 6 months. (State the correctional institution and location.)

Correctional Institution ..... Location .....

I give my permission to any agency listed above to give information about my benefits to the creditor named above, or to the creditor's lawyer. The information will **ONLY** be if I get assistance, or if I have gotten assistance in the past 6 months. If I was an inmate in the last 6 months, I give my permission to the correctional institution to tell the creditor named above or the creditor's lawyer that I was an inmate there.

Sign and send this form back to the creditor or the creditor's lawyer.

Fill in the blanks below.

I mailed or delivered a copy of this form to the creditor or to the creditor's lawyer if they have one, at the address listed below.

Date: .....

Creditor's Signature: .....

(or creditor's lawyer's signature)

Creditor's Name: .....

(or creditor's lawyer's name)

Street Address: .....

City/State/Zip: .....

Phone: ..... Fax: .....

Email: .....

Date: .....

Debtor's Signature: .....

Debtor's Name: .....

Street Address: .....

City/State/Zip: .....

Phone: .....

Email: .....

History: *1986 c 444; 1990 c 606 art 3 s 33; 1999 c 159 s 150; 2000 c 405 s 24; 2009 c 31 s 11; 2015 c 21 art 1 s 109; 1Sp2019 c 9 art 1 s 42; 2025 c 18 s 18*