State of Tennessee	Court (Must Be Completed)	County (Must Be Completed	1)	
Request	to Protect	File No.		
Income a	and Assets	(Must Be Complet	ted)	
(Motion to Quash Garnishment/		Division		
Execution and Cia	m Exemption Rights)	(Large Counties	Only)	
Plaintiff/Creditor (Name: Fire	st, Middle, Last of person/company th	nat filed lawsuit)		
Defendant/Debtor (Name:	First, Middle, Last of the other perso	n)		
Name and address of your E	mployer if you have a job.			
Traine and address of your E	imployor, ii you navo a job.	Employer's name		
Street address	City	State	Zip	
called a Request to Pos Or go on the internet ☐ I am the Defendant/Det income, benefits, and ☐ Social Security	stpone Filing Fees and to www.tncourts.gov of the court case listed property checked below well Security Income)	d the fee? Ask the court count of Order (Uniform Civil Affidate www.justiceforalltn.com to be wherever located. (Check all the Government Pension* Government Pension* Health Care Aids*, Insurance Benefits* Tools of Trade* (things you	vit of Indigency). to get the form. protect my exempt at apply): ou need to earn a living)	
☐ Student Loans an		* These are	e usually exempt.	
the law allows you than \$217.50, the				
☐ Other (see TCA 2	6-2-111 (specify):			
	-	en or garnished, list the bank		
3 I will prove that the item	s checked above are prote	ected by federal or state law at a	a court hearing.	
Defendant/Debtor or At	torney for Defendant/Debto	or signs here:		
Date:				

This case is set for hearing at the court above	on(month/da	_, 20 at te)
located at:(street) ((, Room #
(street) (city, state, zip)	
Clerk or Deputy Clerk		
Bring a stamped envelope addressed the lawyer or if there is no lawyer, mail	riginal to the Court C for each plaintiff to th	lerk. le Court Clerk. Mail one copy to
	tificate of Service s paper to the Plaintiff/0	Creditor)
I certify that I (check one box) ☐ hand delivered <u>or</u>		
☐ mailed by first-class mail, proper person listed below at the address below:	ly addressed, a true ar	nd correct copy of this paper to the
Name of Who You Are Giving This To (The	e creditor's lawyer or th	ne creditor if no lawyer)
	,	,
Address of the Lawyer or the Creditor (Inc	lude City, State and Zi	Code)
on(Date you mailed/hand-delivered the o	<u></u> .	
	•	
	<u>, </u>	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 ___ Date:____ Judge's signature: