

IN THE _____ COURT FOR _____ COUNTY, TENNESSEE

Plaintiff

vs

Case No. _____

Defendant

**PROTECTED INCOME AND ASSETS
(AFFIDAVIT OF CLAIM EXEMPTIONS)**

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

I, the Judgment Debtor herein and a resident of Tennessee, claim and declare the following items, the total value of which does not exceed \$10,000.00 to be exempt from execution, seizure or attachment pursuant to the provisions of Tennessee Code Annotated § 26-2-101 *et seq.* (or to amend the previous list filed to assert such exemptions).

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

Account Number

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

ITEM

VALUE

Automobiles/Trucks/Vehicles

_____ \$ _____

_____ \$ _____

Furniture/Appliances/Electronics

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Other Household Goods

_____ \$ _____

_____ \$ _____

_____ \$ _____

Bank Accounts

_____ \$ _____

_____ \$ _____

Other Items (including cash)

_____ \$ _____

_____ \$ _____

TOTAL (not to exceed \$10,000)

\$ _____

Tools of the Trade (things I need to earn a living):

I further declare that the following items, the value of which does not exceed \$1,900, to be exempt tools of the trade:

Item	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL (not exceeding \$1,900)

\$ _____

Read below and sign in front of the court clerk or notary:

I declare that 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 _____

_____ **DATE**

Sworn to and subscribed before me this _____ day of _____, 20____.

Deputy Clerk or Notary Public

My Commission Expires: _____

CERTIFICATE OF SERVICE

(How to give 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 Plaintiff or Plaintiff's Lawyer

Address of Plaintiff or Plaintiff's Lawyer

City, State, Zip of Plaintiff or Plaintiff's Lawyer

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

Sign Your Name _____