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| <b>STATE OF ILLINOIS,<br/>CIRCUIT COURT</b><br><br>_____ COUNTY   | <b>EMERGENCY MOTION TO CLAIM<br/>EXEMPTION</b>  | <i>For Court Use Only</i>   |
| <b>Instructions ▼</b><br>Enter above the county name where the <i>Citation to Discover Assets to Debtor's Bank</i> was filed.<br><br>Fill in the rest of the information by copying it from the <i>Citation</i> . | _____<br><b>Plaintiff</b> ( <i>First, middle, last name</i> )<br><br>v.<br><br>_____<br><b>Defendant</b> ( <i>First, middle, last name</i> )<br><br>_____<br><b>Respondent</b> ( <i>Bank's name</i> ) | _____<br><b>Case Number</b> |

1. I am the debtor.
2. My accounts at \_\_\_\_\_ have been frozen.  
*Name of bank*
3. My accounts contain money from the following sources: (*check all that apply*)
  - Social Security, SSI benefits, and disability
  - Pension and retirement benefits and refunds
  - Public assistance benefits
  - Child support
  - Unemployment compensation benefits
  - Workers' compensation benefits
  - Veterans' benefits
  - Circuit breaker property tax relief benefits
  - Any other source, up to \$4,000 ("wildcard exemption")
4. This money is exempt under these laws: [42 USC § 407\(a\)](#); [735 ILCS 5/12-1001](#); and [735 ILCS 5/12-1006](#).
5. I claim \$ \_\_\_\_\_ as exempt.  
*Amount of money in account*  
 I ask for the following:
  - Declare my funds to be exempt.
  - Order the bank to remove the hold on my accounts.
  - Dismiss the *Citation to Discover Assets to a Debtor's Bank*.
  - Grant any other relief that is fair.

In 2, enter the name of your bank.

In 3, check all that apply.

In 5, enter the amount of money you are claiming as exempt.

Under the Code of Civil Procedure, [735 ILCS 5/1-109](#), making a statement on this form that you know to be false is perjury, a Class 3 Felony.

If you are completing this form on a computer, sign your name by typing it. If you are completing it by hand, sign and print your name.

**I certify that everything in the *Emergency Motion to Claim Exemption* is true and correct. I understand that making a false statement on this form is perjury and has penalties provided by law under [735 ILCS 5/1-109](#).**

\_\_\_\_\_  
*/s/*  
 Your Signature

\_\_\_\_\_  
 Street Address

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

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Telephone