



EXEMPTION NOTICE

as required by New York Law

Your bank account is restrained or “frozen.”

The attached Restraining Notice or Notice of Levy by Execution has been issued against your bank account. You are receiving this notice because a creditor has obtained a money judgment against you, and one or more of your bank accounts has been restrained to pay the judgment. A money judgment is a court’s decision that you owe money to a creditor. You should be aware that FUTURE DEPOSITS into your account(s) might also be restrained if you do not respond to this notice.

You may be able to “vacate” (remove) the judgment. If the judgment is vacated, your bank account will be released. Consult an attorney (including free legal services) or visit the Court Clerk for more information about how to do this.

Under state and federal law, certain types of funds cannot be taken from your bank account to pay a judgment. Such money is said to be “exempt.”

Does your bank account contain any of the following types of funds?

1. Social security;
2. Social security disability (SSD);
3. Supplemental security income (SSI);
4. Public assistance (welfare);
5. Income earned while receiving SSI or public assistance;
6. Veterans benefits;
7. Unemployment insurance;
8. Payments from pensions and retirement accounts;
9. Disability benefits;
10. Income earned in the last 60 days (90% of which is exempt);
11. Workers’ compensation benefits;
12. Child support;
13. Spousal support or maintenance (alimony);
14. Railroad retirement; and/or
15. Black lung benefits.

If YES, you can claim that your money is exempt and cannot be taken. To make the claim, you must

- (a) complete the EXEMPTION CLAIM FORM attached;
- (b) deliver or mail the form to the bank with the restrained or “frozen” account; and
- (c) deliver or mail the form to the creditor or its attorney at the address listed on the form.

You must send the forms within 20 DAYS of the postmarked date on the envelope holding this notice. You may be able to get your account released faster if you send to the creditor or its attorney written proof that your money is exempt. Proof can include an award letter from the government, an annual statement from your pension, pay stubs, copies of checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt. If you send the creditor’s attorney proof that the money in your account is exempt, the attorney must release that money within seven days. You do not need an attorney to make an exemption claim using the form”



SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Index No. 11/100107

JEFFREY E. EPSTEIN

Plaintiff(s)/Petitioner(s)/Claimant(s)

Against

ADAM BLY

Defendant(s)/Respondent(s)

EXEMPTION CLAIM FORM

Name and address of judgment creditor or attorney

To be completed by judgment creditor or attorney.

Address A LAW OFFICE OF BARRY R. FERTEL
270 NORTH AVENUE - SUITE 810
NEW ROCHELLE, NY 10801
[REDACTED]

Name and address of financial institution

To be completed by judgment creditor or attorney.

Address B

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to **Address A** and one form to **Address B** within twenty days of the date on the envelope holding this notice.

**If you have any documents, such as an award letter, an annual statement from your pension, paystubs, copies of checks or bank records showing the last two months of account activity, include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Social security | <input type="checkbox"/> Income earned in the last 60 days (90% of which is exempt) |
| <input type="checkbox"/> Social security disability (SSD) | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Supplemental security income (SSI) | <input type="checkbox"/> Spousal support or maintenance (alimony) |
| <input type="checkbox"/> Public assistance | <input type="checkbox"/> Workers' compensation |
| <input type="checkbox"/> Wages while receiving SSI or public assistance | <input type="checkbox"/> Railroad retirement or black lung benefits |
| <input type="checkbox"/> Veterans benefits | <input type="checkbox"/> Other (describe exemption): |
| <input type="checkbox"/> Unemployment insurance | <input type="checkbox"/> Payments from pensions and retirement accounts |

I request that any correspondence to me regarding my claim be sent to the following address:

Fill in your complete address.

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date:

Signature of Judgment Debtor

herein, is over 18 years of age and resides at

being duly sworn, says: that the deponent is not a party

That on _____ at No. _____

deponent served the within restraining notice, exemption notice and two exemption claim forms on

CORPORATION the banking institution therein named, by delivering a true copy thereof to personally, whom deponent knew to be the of said institution: deponent knew the banking institution so served to be said banking institution.

SCRIVED BY MAIL

by mailing a copy of same, accompanied by a copy in a securely sealed postpaid wrapper properly addressed to at

Strike out (a) or (b)

(a) by registered mail, return receipt requested. Deponent delivered said wrapper to the Registry Clerk at the post office and paid the requisite fee. Return Receipt No. _____ is attached hereto. (b) by certified mail, return receipt requested. Deponent deposited said wrapper with the requisite postage and return receipt card affixed, in—a post office—official depository under the care and custody of the United States Postal Service within the State of New York. Return Receipt No. _____ is attached hereto.

Deponent describes the individual served as follows:

- Male White Skin Black Hair White Hair 14-20 Yrs. Under 5' Under 100 Lbs. Female Black Skin Brown Hair Balding 21-35 Yrs. 5'0"-5'3" 100-130 Lbs. Yellow Skin Blonde Hair Mustache 36-50 Yrs. 5'4"-5'8" 131-160 Lbs. Brown Skin Gray Hair Beard 51-65 Yrs. 5'9"-6'0" 161-200 Lbs. Red Skin Red Hair Glasses Over 65 Yrs. Over 6' Over 200 Lbs.

Other identifying features:

Sworn to before me on

..... Print name beneath signature.

..... LICENSE NO.

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NEW YORK

Index No. 11/100107

Restraining Notice, Exemption Notice and Exemption Claim Forms

JEFFREY E. EPSTEIN

LAW OFFICES OF BARRY R. FERTEL Attorney(s) for Office and Post Office Address 270 NORTH AVENUE - SUITE 810 NEW ROCHELLE, NY 10801

Plaintiff(s)

against

ADAM BLY

Defendant(s)