

DEBT CLAIM FORM

1. Paying agency identification		2. Employee identification	
a. Name		a. Name	
b. Address		b. Address	
		c. DOB	d. SSN

To liquidate a debt to the United States, the named creditor agency asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.

3. Debt information			
a. Reason for debt:			
b. Date right to collect accrued		c. Debt identification number, if any	
d. Original debt:		e. Number of installments	@ Amount
amount	\$		\$
f. Interest due			\$
(if none, show N/A)	\$		\$
g. Penalty due			\$
(if none, show N/A)	\$		\$
h. Administrative cost			\$
(if none, show N/A)	\$		\$
i. Total collection		j. Commence deductions on (date)	
to be made	\$		

4. Due process: / / date actions taken: or attach / / acknowledgement / / consent			
Creditor agency 30-day		Hearing held	
salary offset notice		Decision for creditor	
Employee did not re-		agency	
spond (consent assumed)		Other -	
Employee requested a hear-			
ing			

I certify the following: (1) the debt identified above is properly due the United States from the named employee in the amount shown; (2) this agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management, and (3) the information concerning this agency's and the employee's actions is correct as stated.

5. Creditor agency information	
a. Name	b. Appropriation/fund (title/symbol #)
c. Address	d. Disbursing officer (name/symbol #)
e. Signature of certifying official	f. Date
g. Title	h. Telephone number