

INVOLUNTARY ALLOTMENT APPLICATION

Form Approved
OMB No. 0704-0367
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Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0367), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE ADDRESS IN THE INSTRUCTIONS BELOW.

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5520a, EO 9397.

PRINCIPAL PURPOSE: To make an application for the involuntary allotment of pay from a member of the Armed Services or the Coast Guard.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in denial of the involuntary allotment application.

INSTRUCTIONS

- These instructions govern an application for involuntary allotment payment from Military Service (or Coast Guard) member's active or reserve/guard's pay under 5 USC Section 5520a.
- In order to be processed, this form must be filled out completely, signed, and the following supporting documents attached:
 - A copy of the judgment, certified by the clerk of the appropriate court;
 - If the applicant is other than the original judgment holder, proof of the applicant's right to succeed to the interest of the original judgment holder.
- Submit the original and three copies of this application and all supporting documents to:

For Army, Navy, Air Force and Marine Corps: Defense Finance and Accounting Service Cleveland Center, Code L PO Box 998002 Cleveland, OH 44199-8002	For Coast Guard: Coast Guard Pay and Personnel Center (LGL) 444 S.E. Quincy Street Topeka, KS 66683-3591
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SECTION I - IDENTIFICATION

1. APPLICANT

I hereby request that an involuntary allotment be established from the pay of the following identified member of the Military Services/Coast Guard pursuant to the provisions of Pub. L. No. 103-94, the Hatch Act Reform Amendments of 1993. The debt in question has been reduced to a judgment. A copy of the judgment, as certified by the appropriate Clerk of Court, is attached.

a. APPLICANT NAME (Provide whole name whether a person or business)

b. ADDRESS

(1) STREET AND APARTMENT OR SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE (9 digit)
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2. SERVICE MEMBER

a. NAME (Last, First, Middle Initial)	b. SSN	c. BRANCH OF SERVICE
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d. CURRENT DUTY ASSIGNMENT (If known)

e. CURRENT ADDRESS (If known)

(1) STREET AND APARTMENT OR SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE (9 digit)
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3. CASE

a. CASE NUMBER (As assigned by court)	b. NAME OF ORIGINAL JUDGMENT HOLDER (If different from applicant)	c. ACCOUNT NUMBER OF DEBTOR
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d. JUDGMENT AMOUNT

(1) DOLLAR AMOUNT OF JUDGMENT \$	(2) DOLLAR AMOUNT OF INTEREST OWED TO DATE OF APPLICATION (Only if awarded by the judgment) \$
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