

REQUEST FOR HEARING

If you object to offset against your Federal salary for the debt(s) described in the attached notice, you can use this form to request a hearing. Your request must be in writing and mailed or delivered to the Federal Salary Offset ("FSO") Unit address at the bottom of this form. If you agree that you owe the debt, but you wish to avoid offset by entering into a repayment agreement under which you make monthly payments of 15% of your disposable pay, **DO NOT USE THIS FORM**. Instead, write to the FSO Unit address at the bottom of this form and enclose a copy of your two most recent pay stubs.

NOTE: You should request and review copies of the records evidencing your debt before you complete this REQUEST FOR HEARING form. See the enclosed NOTICE OF PROPOSED FEDERAL SALARY OFFSET for instructions on how to request these records.

Name: _____ SSN: _____

Home Address: _____

E-mail Address: _____

Telephone: _____

Employer: _____

Address: _____

Telephone: _____

Beginning Date of Current Employment: _____

I. HEARING REQUEST (Check **ONLY ONE** of the following)

() I want a written records hearing of my objection(s) based on the Hearing Official's review of this written statement, the documents I have enclosed, and the records in my debt file at the Department.

() I want an oral hearing with a Hearing Official to present my objection(s). You must provide a daytime telephone number at which you can be contacted between the hours of 8:00 am and 4:00 pm (Eastern Time), Monday through Friday. I can be reached at _____.

II. CHECK THE OBJECTIONS THAT APPLY. ENCLOSE the documents and/or discharge applications described. You can download discharge applications from the Department's website at: www.myeddebt.ed.gov, or request them by calling the FSO Unit at 1-800-621-3115 (TTY: 1-877-825-9923). If you do not enclose documents, the Hearing Official will consider your objection(s) based on the information on this form and records held by the Department.

1. () **CHECK HERE if you believe that offset against pay owed to you by a Federal agency in amounts equal to 15% of your disposable pay would cause financial hardship to you and your dependents.** You must complete and return the enclosed FINANCIAL DISCLOSURE STATEMENT to present your hardship claim, together with copies of the required documentation, as explained in the Statement. **You should also check any other objections you have to offset of your Federal salary to collect this debt.**

2. () I am no longer a Federal or military employee. **ENCLOSE** a statement from your prior employer showing your separation date.
3. () I do not owe the full amount shown because I repaid some or all of this debt. **ENCLOSE** copies of the front and back of all checks, money orders and receipts for payments made on the debt.
4. () I am making payments on this debt as required under the repayment agreement I reached with the holder of the debt. **ENCLOSE** copies of the repayment agreement and copies of the front and back of checks.
5. () I filed for bankruptcy and my case is still open. **ENCLOSE** copies of any court documents showing the name of the court and the case number.
6. () This debt was discharged in bankruptcy. **ENCLOSE** copies of debt discharge order and the schedule of debts filed with the court.
7. () I am totally and permanently disabled - unable to engage in substantial gainful activity because of a medically-determinable physical or mental impairment. **ENCLOSE** a completed Loan Discharge Application: Total and Permanent Disability form. The form must be completed by a physician except if you are a veteran, in which case you can submit required documentation from the U.S. Department of Veterans Affairs. Refer to the application for all requirements.. (For loans only.)
8. () This is not my Social Security Number, and I do not owe this debt. **ENCLOSE** a copy of your Driver's License or other identification issued by a Federal, state or local government agency, and a copy of your Social Security Card.
9. () I believe that this debt is not an enforceable debt in the amount stated for the reason explained in the attached letter. [Attach a letter explaining any reason not listed herein for your objection to collection of this debt amount by offset of your Federal salary. Be as specific as possible. **ENCLOSE** any documents that support your reasons.]
10. () I used this loan to enroll in _____(school) on or about ___/___/___, and I withdrew from school on or about ___/___/___ . I paid the school \$_____ and I believe that I am owed, but have not been paid, a refund from the school of \$_____. **ENCLOSE** a completed Unpaid Refund discharge application (enclose any records you have showing your withdrawal date).
11. () I used this loan to enroll in _____(school) on or about ___/___/___, and I was unable to complete my education because the school closed. **ENCLOSE** a completed School Closure discharge application (enclose any records you have showing the school closing date).
12. () I did not have a high school diploma or GED when I enrolled at _____(school) with this guaranteed student loan. The school improperly determined my ability to benefit from the training offered. **ENCLOSE** a completed False Certification of Ability to Benefit discharge application.
13. () When I borrowed this guaranteed student loan to attend _____(school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting State requirements for performing the occupation for which it trained me. **ENCLOSE** a completed False Certification (Disqualifying Status) discharge application.
14. () I believe that _____(name of individual or other party) without my permission signed my name or used my personal identification data to execute documents to obtain this loan, and I did not receive the loan funds. **ENCLOSE** a completed False Certification (Unauthorized Signature/Unauthorized Payment) discharge application or Identity Theft Certification. Enclose any records showing your withdrawal date.
15. () The borrower (or student in the case of a PLUS loan) has died. **ENCLOSE** the original; certified copy; or a clear, accurate, and complete photocopy of the original or certified Death Certificate.

[Parent borrowers should answer 10 – 14 about the student.]

III. IF YOU WANT AN ORAL HEARING, YOU MUST COMPLETE THE FOLLOWING:

The records and documents I submitted to support my statement in Part II, do not show all the material (important) facts about my objection to collection of this debt. I need an oral hearing to explain the following important facts about this debt. (**EXPLAIN** the additional facts that you believe make an oral hearing necessary on a separate sheet of paper. If you have already fully described these facts in your response in Part II, **WRITE HERE** the number of the objection in which you described these facts: _____.)

If your request for an oral hearing is granted, you will be notified of the date, time, and location of your hearing. If your request for an oral hearing is denied, an official independent of the Department will make a determination based on information and documents you supply with this form and records held in your debt file.

Note: If you do not request an oral hearing, a review of your objection will be based on information and documents you supply with this form and on records in your debt file. An oral hearing will be provided to a borrower who requests an oral hearing and shows in the request for the hearing good reason to believe that the issues in the dispute cannot be resolved by reviewing the documentary evidence, for example, when the validity of the claim rests on the issue of credibility or veracity.

IV. I state under penalty of law that the answers and statements contained herein are, to the best of my knowledge, true, correct and complete.

SIGNATURE: _____ DATE: _____

SEND THIS REQUEST FOR HEARING FORM, TOGETHER WITH THE APPROPRIATE DOCUMENTS, TO:

**US DEPARTMENT OF EDUCATION
FEDERAL OFFSET UNIT
PO BOX 5227
GREENVILLE TX 75403-5227**

This is an attempt to collect a debt and any information obtained will be used for that purpose.

NOTICE OF PROPOSED FEDERAL SALARY OFFSET (Employee's Rights and Responsibilities)

YOUR DEBT

The U.S. Department of Education (Department) holds a claim against you for one or more past due, defaulted debt(s) for which you are responsible. The enclosed letter provides the principal and interest balance of the debt(s) that the Department has referred to the Treasury Offset Program (TOP) for collection. Unless you pay this debt in full, make satisfactory arrangements to repay it, or make a timely, valid objection to enforcement of the debt, the Department will collect this debt by salary offset against pay owed to you by a Federal agency. The amount of the debt, plus a servicing fee and accrued interest, will be collected by deductions of 15 percent of your disposable pay (or lump sum payment), as defined in the enclosed letter.

These deductions will begin no earlier than 65 days from the date of this letter and will continue until the debt is paid in full. If this debt is repaid solely by deductions from pay, a deduction of 15 percent will be made from each payroll disbursement to you. The number and duration of these deductions depends on the size of the debt you owe and the amount of your disposable pay. The Department does not have information on your disposable pay but you may estimate the length of the offset by first multiplying your disposable pay by 15 percent, and then dividing the amount referred to Treasury, as shown on the enclosed letter, by that figure to determine the approximate number of pay periods this offset will affect. This estimate will not account for interest that continues to accrue on the debt, so the number of pay periods affected will be higher than the result of the estimate.

HOW TO REPAY THE DEBT IN FULL

To pay the debt in full, call the Department at 1-800-621-3115 (TTY: 1-877-825-9923) to obtain the current balance of the debt and send a check or money order for that amount. Be sure to include your name and Social Security Number on your check or money order. Send your payment to:

US DEPARTMENT OF EDUCATION
NATIONAL PAYMENT CENTER
PO BOX 105028
ATLANTA GA 30348-5028

YOUR RIGHTS

You have the right to –

- Request Department-held documents related to the debt(s) eligible for salary offset.
- Receive a hearing, by an official who is independent of the Department, to present objections regarding the amount or existence of the debt(s) or to the deduction of 15 percent of disposable pay to satisfy the debt(s).
- Enter into a written repayment agreement satisfactory to the Department in order to avoid collection of the debt(s) by salary offset.
- Have a lawyer represent you in exercising these rights.

HOW TO EXERCISE YOUR RIGHTS

YOU MUST EXERCISE THESE RIGHTS IN ACCORDANCE WITH THE DEPARTMENT RULES:

To Request Documents

To receive documents regarding the debt(s), you must make a written request. Your written request must include your Social Security Number. You must include a reasonable description of the records you want to receive. Documents available may include the promissory note evidencing the debt, the loan application, records of payments made to the Department, the document used by the school or lender to file a claim on the loan guarantee (in the case of a guaranteed student loan), or to assign the loan to the government (in the case of a National Direct/Defense Student Loan or Perkins Loan), and correspondence between you and the school or lender regarding the debt. Not all of these documents are available in every case. Send your written request to:

US DEPARTMENT OF EDUCATION
FEDERAL OFFSET UNIT
PO BOX 5227
GREENVILLE TX 75403-5227

To Request A Hearing

If you wish to object to collection of the debt(s), you may receive a hearing by an official who is independent of the Department. To receive such a hearing, you must make a written request for hearing, within 65 days of the date of the enclosed letter, to the Federal Salary Offset (FSO) Unit at the address provided in this notice. You can use the enclosed REQUEST FOR HEARING form to state your objections. If you requested documents within 20 days of the date of the enclosed letter, you will have 15 days after the date the Department mailed the documents to request a hearing, even if that would take your request outside the 65 day period. You must include in your request:

- your name;
- your Social Security Number;
- the debt(s) about which you raise objections;
- a completed REQUEST FOR HEARING form (see enclosed) and/or a statement of the objections you have to the collection of the debt(s) by salary offset; and
- copies of any documents you want to be considered to support your objections.

You may also object to the proposed salary offset on the grounds that the offset will cause you an extreme financial hardship, by preventing you from meeting the cost of food, housing, clothing, essential transportation, and medical care for you and your dependents. If you want to object on this ground, however, you must provide credible documentation to the Department that proves the costs incurred by you, your spouse and any dependents for basic living expenses, and the income available from any source to meet those expenses. If you contend that collection at the rate of 15 percent of your disposable pay will cause an extreme financial hardship to you, you must include the following:

- a completed REQUEST FOR HEARING form (see enclosed) and/or a statement of the reasons for your claim;
- an alternate repayment amount that you believe will satisfy the debt in a reasonable time without causing you extreme hardship; and
- a completed FINANCIAL DISCLOSURE STATEMENT (see enclosed) together with documents showing the income, assets, liabilities and expenses of you, your spouse and your dependents for last year and for each year of the proposed salary offset. See the enclosed FINANCIAL DISCLOSURE STATEMENT for additional information.

To Request an Oral Hearing

If you want to receive an oral hearing before an official who is independent of the Department, you must send a completed REQUEST FOR HEARING form or submit a written request for a hearing, within 65 days of the enclosed letter (or within 15 days after copies of your requested documents were sent to you, if you requested documents within 20 days of the enclosed letter), to the FSO Unit address provided in this notice. In addition to the information specified in the above section on requesting a hearing, you must specify that you want an oral hearing. See the enclosed REQUEST FOR HEARING form. In your request for an oral hearing, explain:

- why your objections cannot be resolved by a review of your written statement(s) and document(s) relating to your debt;
- who will testify;
- which facts they will testify about; and
- the reason their testimony is necessary to resolve your objections.

If the Hearing Official grants your request for an oral hearing, you will be contacted to schedule the time and place for the hearing. You will then have 15 days from the date of the notification to respond in writing as to whether you intend to proceed with the oral hearing or request a decision based on the written record, or make any changes to the list of witnesses or facts they will testify to in the hearing. The Hearing Official may decline your request for an oral hearing if your written request for a hearing is not timely, does not contain the required information, you do not appear for the scheduled oral hearing, you do not reply to the Hearing Official's notification of the oral hearing, or if the Hearing Official determines that your objections can be adequately resolved by a review of your written statement provided with your REQUEST FOR HEARING form and the documents relating to your debt. If the oral hearing is denied, you will receive a written determination, also conducted by an official independent of the Department.

To Enter Into a Repayment Agreement

If you want to enter into a repayment agreement at 15% of your disposable pay, you must send a written statement to the FSO Unit address provided in this notice together with a copy of your two most recent pay stubs. To avoid salary offset you must agree to pay the loan under terms acceptable to the Department, return a signed repayment agreement and actually make the first payment under the agreement within 65 days of the enclosed letter, and continue to make payments according to your agreement. If you made a request for documents within 20 days of the enclosed letter, you have 15 days from the date the documents were mailed to you to work out a repayment agreement and make the first payment. If you objected to the debt within the deadlines explained in this notice, but a decision was made denying your objections, you will have seven days from the date the decision is mailed to you to work out the agreement and make the first payment. If you do not enter into and maintain an acceptable repayment agreement, the Department may initiate salary offset without further notification.

Military

If you are currently active in the military, the Department will offset your wages. However, if you are currently deployed, the Department will not offset your wages. To prove that you are now deployed, you must provide a copy of DD Form 214 to the FSO Unit at the address provided in this notice.

U.S. Department of Education

Financial Disclosure Statement

To evaluate a hardship claim, the U.S. Department of Education (the Department) compares the expenses you claim and support against averages spent for those similar expenses by families of the same size and income as yours. The Department considers proven expenses as reasonable up to the amount of these averages. If you claim more for an expense than the average spent by families like yours, you must provide persuasive explanation why the amount you claim is necessary. These average amounts were determined by the Internal Revenue Service (IRS) from different government studies. You can find the average expense amount that the Department uses at the following Web site: www.irs.gov and then search for “Collection Financial Standards.”

- **Complete all items.** Do not leave any item blank. If the answer is zero, write zero.
- **Provide documentation of expenses.** Expenses may not be considered if you do not provide documents supporting the amounts claimed.
- **Disclose and provide documentation of household income.**
- Failure to provide this information and documentation may result in a denial of your claim of financial hardship.

Income

Your Name: _____ Your Social Security No.: _____

Address: _____

Phone: _____

Country: _____

Current Employer: _____ Date Employed: _____

Employer Phone: _____ Present Position: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF YOUR TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Number of dependents: _____ (including yourself)

Marital status: Married Single Divorced

Your spouse's name: _____ Spouse's SSN: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other household members(s) with income: _____ **SSN:** _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

Net Income: \$ _____ Weekly Bi-Weekly Monthly Other _____

**ENCLOSE: COPY OF TWO MOST RECENT PAY STUBS AND
COPIES OF MOST RECENT W-2s AND 1040, 1040A, 1040EZ or other IRS FILING**

Other Income

Child support: \$ _____ Weekly Bi-Weekly Monthly Other

Alimony: \$ _____ Weekly Bi-Weekly Monthly Other

Interest: \$ _____ Weekly Bi-Weekly Monthly Other

Public assistance: \$ _____ Weekly Bi-Weekly Monthly Other

Other: \$ _____ Describe: _____

Please explain all deductions shown on pay-stubs:

Deductions	Amount	Reason
401K:	_____	_____
Retirement:	_____	_____
Union Dues:	_____	_____
Medical:	_____	_____
Credit Union:	_____	_____
Other:	_____	_____

Monthly Expenses

Shelter (SEND COPY OF MORTGAGE OR LEASE)

Rent/Mortgage: \$ _____ Paid to whom: _____

2nd home mortgage: \$ _____ Paid to whom: _____

Home/Renter insurance: \$ _____

Other: \$ _____ Describe: _____

Food and Household

Expenses: \$ _____

Clothing: \$ _____

Utilities (SEND COPIES OF BILLS)

Electric: \$ _____

Gas: \$ _____

Water/Sewer: \$ _____

Garbage pickup: \$ _____

Basic telephone: \$ _____

Other: \$ _____ Describe: _____

Medical (SEND COPIES OF BILLS)

Insurance \$ _____ /per month

(Only list payments not deducted from paycheck)

Bill payments \$ _____ /per month

(Only list payments not covered by insurance)

Other: \$ _____ /per month

Describe: _____

Transportation (SEND COPIES OF CAR PAYMENT AGREEMENT OR BILLS)

Of cars _____

1st Car payment: \$ _____ /per month
2nd Car payment: \$ _____ /per month
Gas and oil: \$ _____ /per month
Public transportation: \$ _____ /per month
Car insurance: \$ _____ /per month
Other: \$ _____ Describe: _____

Child Care (SEND COPIES OF BILLS)

Child care: \$ _____ /per month Number of children: _____
Child support: \$ _____ /per month Number of children: _____
Other: \$ _____ /per month Describe: _____

Other Insurance: \$ _____ Describe: _____

Other Expenses (Attach a list describing expense, monthly payment and enclose bills)

Based on this Statement, I think I can afford to pay \$ _____ per month

I declare under penalty of law that the answers and statements contained herein are true and correct.

Signature _____ Date _____

Warning: 18 U.S.C. 1001 provides that “whoever...knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any materially false, fictitious, or fraudulent statement or representation...shall be fined up to \$10,000.00 or imprisoned up to five years, or both”

Complete, sign, and return the requested information and documentation to:

US DEPARTMENT OF EDUCATION
PO BOX 5227
GREENVILLE TX 75403-5227

Privacy Act Notice

This request is authorized under 31 U.S.C. 3711, 20 U.S.C. 1078-6, and 31 U.S.C. 3720D. You are not required to provide this information. If you do not, we cannot determine your financial ability to repay your student aid debt. The information you provide will be used to evaluate your ability to pay. It may be disclosed to government agencies and their contractors, to employees, lenders, and others to enforce this debt; to third parties in audit, research, or dispute about the management of this debt; and to parties with a right to this information under the Freedom of Information Act or other Federal law, or with your consent. These uses are explained in Notice for System of Records 18-11-07, 64 FR 30166 (June 4, 1999), 64 FR 72407 (Dec. 27, 1999). We will send a copy at your request.