

## REQUEST FOR HEARING

If you object to garnishment of your wages for the debt described in the notice, you can use this form to request a hearing. **Your request must be in writing and mailed or delivered to the address below.**

Your Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Beginning Date Of Current Employment: \_\_\_\_\_

CHECK HERE if you object on the grounds that garnishment in amounts equal to **15%** of your disposable pay would cause financial hardship to you and your dependents. (To arrange voluntary repayment, contact customer service at the number below.)

You must complete either the enclosed **FINANCIAL DISCLOSURE FORM** or a Financial Disclosure Form of your choosing to present your hardship claim. You must enclose copies of earnings and income records, and proof of expenses, as explained on the form. 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, the Department will make its determination of the amounts you should pay based on a review of your written materials.

NOTE: You should also state below any other objections you have to garnishment to collect this debt at this time.

**NOTE: IT IS IN YOUR INTEREST TO REQUEST COPIES OF ALL DOCUMENTATION HELD BY THE DEPARTMENT BY CALLING THE CUSTOMER SERVICE NUMBER LISTED ON THE ENCLOSED NOTICE PRIOR TO COMPLETING A REQUEST FOR HEARING.**

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

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

I want an in-person hearing at the Department hearing office to present my objection(s). I understand that I must pay my own expenses to appear for this hearing.

I want this In-Person hearing held in: \_\_\_\_\_ Atlanta, GA, \_\_\_\_\_ Chicago, IL, \_\_\_\_\_ San Francisco, CA. (Check the location you wish for the hearing.)

I want a hearing by telephone to present my objections. (You must provide a daytime telephone number at which you can be contacted between the hours of 8:00 am to 4:00 pm, Monday through Friday.) I can be reached at: \_\_\_\_\_

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

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### II. IF YOU WANT AN IN-PERSON OR TELEPHONE HEARING, YOU MUST COMPLETE THE FOLLOWING:

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

**Note:** If you do not request an in-person or telephone hearing, we will review your objection based on information and documents you supply with this form and on records in your loan file. We will provide an oral hearing to a debtor who requests an oral hearing and shows in the request for the hearing, a good reason to believe that we cannot resolve the issues in dispute by reviewing the documentary evidence. An example is when the validity of the claim turns on the issue of credibility or veracity.

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### III. Check the objections that apply. EXPLAIN any further facts concerning your objection on a separate sheet of paper. ENCLOSE the documents described here (if you do not enclose documents, the Department will consider your objection(s) based on the information on this form and records held by the Department).

For some objections you must submit a completed application. Obtain applications by contacting Customer Service at the number below, or go to the Department's Web site at: <http://www.ed.gov/offices/OSFAP/DCS> **select forms, then select the application described for that objection.**

1.  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 any receipts showing payments made to the holder of the debt.)
2.  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 where you paid on the agreement.)
3.  I filed for bankruptcy and my case is still open. (ENCLOSE: copies of any documents from the court that show the date that you filed, the name of the court, and your case number.)
4.  This debt was discharged in bankruptcy. (ENCLOSE: copies of debt discharge order and the schedule of debts filed with the court.)
5.  The borrower has died. (ENCLOSE: CERTIFIED copy of Death Certificate.) For loans only.
6.  I am totally and permanently disabled - unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death. (Obtain and submit completed Total and Permanent Disability Cancellation Request; must be completed by physician.) For loans only.
7.  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 in the amount of \$\_\_\_\_\_. (Obtain and submit a completed Loan Discharge Application: Unpaid Refund form. ENCLOSE: any records you have showing your withdrawal date). For loans only.

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**REQUEST FOR HEARING**

- 8.  I used this loan to enroll in \_\_\_\_\_(school) on or about \_\_\_ / \_\_\_ / \_\_\_ and I was unable to complete my education because the school closed. Obtain and submit completed Loan Discharge Application: Closed School. (ENCLOSE: any records you have showing your withdrawal date.) For loans only.
- 9.  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.)
- 10.  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 other than those listed above for your objection to collection of this debt amount by garnishment of your salary. ENCLOSE: any supporting records.)
- 11.  I did not have a high school diploma or GED when I enrolled at the school attended with this guaranteed student loan. The school did not properly test my ability to benefit from the training offered. Obtain and submit a completed Loan Discharge Application: False Certification of Ability to Benefit form. (ENCLOSE: any records you have showing your withdrawal date.) For loans only.
- 12.  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. Obtain and submit completed Loan Discharge Application: False Certification (Disqualifying Status). For loans only.
- 13.  I was involuntarily terminated from my last employment and I have been employed in my current job for less than twelve months. (Attach statement from employer showing date of hire in current job and statement from prior employer showing involuntary termination.)
- 14.  I believe that \_\_\_\_\_(school) without my permission signed my name on the loan application, promissory note, loan check or electronic funds transfer (EFT) authorization. Obtain and submit completed Loan Discharge Application: Unauthorized Signature/Unauthorized Payment. (Enclose any records you have showing your withdrawal date). For loans only.

**IV. I state under penalty of law that the statements made on this request are true and accurate to the best of my knowledge.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SEND THIS REQUEST FOR HEARING FORM TO:

US DEPARTMENT OF EDUCATION  
ATTN: AWG HEARINGS BRANCH  
PO BOX 5609  
GREENVILLE TX 75403-5609

If you wish to arrange a voluntary agreement for payments in amounts equal to 15% of your disposable pay, do not use this form. Instead, call the Customer Service telephone number below:

U.S. Department of Education Customer Service  
1-800-621-3115 (TTY: 1-877-825-9923)

Violation of any such agreement may result in an immediate order to your employer for garnishment of 15% of your disposable pay.

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# U.S. Department of Education

## Financial Disclosure Statement

To evaluate a hardship claim, Ed compares the expenses you claim and support against averages spent for those expenses by families of the same size and income as yours. ED 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 IRS from different government studies. You can find the average expense amount that the Department uses at this website: <http://www.ed.gov/offices/OSFAP/DCS>, then select "Administrative Wage Garnishment," and then select "Collection Financial Standards."

- **Provide complete information about your family income, expenses, and assets.**
- **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. **You must submit proof of Childcare/Other Caregiver expenses, in order to receive full credit for claimed caregiver cost. To obtain the form, contact Customer Service at: 1-800-621-3115 or go to ED website at: <http://www.ed.gov/offices/OSFAP/DCS>, then select "forms," then Declaration of Caregiver Services.**
- **Provide documentation of all sources of income.** You must submit two (2) most recent pay stubs for yourself, spouse, and all sources of income in your household. You may submit last year's W-2's and 1040 Income Tax Filing as proof of household income. Failure to provide this information may result in a denial of your claim of financial hardship.

<b>Income</b>
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Name: \_\_\_\_\_ 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 \*\*\*

\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\*

Number of dependents: \_\_\_\_\_ (including yourself)  
 Marital status:  Married  Single  Divorced  
 Spouse's name: \_\_\_\_\_ Spouse's SSN: \_\_\_\_\_  
 Gross Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_  
 Net Income: \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

\*\*\*ENCLOSE A COPY OF TWO MOST RECENT PAY STUBS\*\*\*

\*\*\*ENCLOSE LAST YEAR'S W-2s AND 1040, 1040A, 1040EZ or other IRS FILING\*\*\*

**Other contributing residents :** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Gross Income:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**Net Income:** \$ \_\_\_\_\_  Weekly  Bi-Weekly  Monthly  Other \_\_\_\_\_

**\*\*\*ENCLOSE A COPY OF THE TWO MOST RECENT PAY STUBS\*\*\***

**\*ENCLOSE LAST YEAR'S 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 State and Explain Amounts Deducted from your pay on pay-stubs:**

Life Insurance: \$ \_\_\_\_\_

Medical & Dental Insurance: \$ \_\_\_\_\_

401K: \$ \_\_\_\_\_

Retirement: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Garnishment: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Monthly Expenses**

**Shelter (SEND COPY OF MORTGAGE OR LEASE, INSURANCE MAINTENANCE PAYMENTS)**

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

2<sup>nd</sup> home mortgage: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_

Home insurance: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_

Maintenance: \$ \_\_\_\_\_ Paid to whom: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Household expenses**

Food Expenses: \$ \_\_\_\_\_ (MONTHLY)

Housekeeping Supplies: \$ \_\_\_\_\_ (MONTHLY)

Clothing & Cleaning: \$ \_\_\_\_\_ (MONTHLY)

Personal Care Services and Expenses \$ \_\_\_\_\_ (MONTHLY)

**Utilities (SEND COPIES OF BILLS)**

Electric: \$ \_\_\_\_\_ Gas: \$ \_\_\_\_\_

Water/Sewer \$ \_\_\_\_\_ Garbage pickup \$ \_\_\_\_\_

Basic Telephone \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

Describe: \_\_\_\_\_

**Medical (SEND COPIES OF BILLS)**

Insurance Premiums \$ \_\_\_\_\_/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)

Numbers 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      Parking: \$ \_\_\_\_\_/per month  
Other: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**Child Care** (SEND COPIES OF BILLS, COURT ORDERS, CONTRACTS, DECLARATION OF CAREGIVER SERVICES)

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

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

**Other Insurance:** \$ \_\_\_\_\_/per month  
**Describe:** \_\_\_\_\_

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, to the best of my knowledge and belief, true, correct and complete.

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 5609  
GREENVILLE TX 75403-5609

**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 the Federal Register of June 4, 1999, Vol 64, p. 30166, revised Dec. 27, 1999, Vol 64, p. 72407 We will send a copy at your request.

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