

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.

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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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.

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](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: Original, certified copy, or clear, accurate, and complete photocopy of the original or certified 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 a completed Loan Discharge Application: Total and Permanent Disability form; the form 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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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 a completed Loan Discharge Application: School Closure form. 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 I 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 (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 the school trained me. (Obtain and submit completed Loan Discharge Application: False Certification (Disqualifying Status) form. 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 a completed Loan Discharge Application: False Certification (Unauthorized Signature / Unauthorized Payment) form. 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: U.S. DEPARTMENT OF EDUCATION
AWG HEARINGS UNIT
P.O. BOX 617547
CHICAGO, IL 60661-7547

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

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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