

**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 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, ED 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 ED 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 ED's review of this written statement, the documents I have enclosed, and the records in my debt file at ED.

( ) I want an in-person hearing at the ED 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: (\_\_\_\_\_) \_\_\_\_-\_\_\_\_.

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 provide an oral hearing to a debtor who requests an oral hearing and shows in the request for the hearing good reason to believe that we cannot resolve the issues in dispute by review of the documentary evidence, for example, 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, ED will consider your objection(s) based on the information on this form and records held by ED).

For some objections, you must submit a completed application. Obtain applications by contacting Customer Service at number below, or go to ED's website at: <http://www.ed.gov/offices/OSFAP/DCS>, select Forms, and 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 shows 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, are fund from the school of \$\_\_\_\_\_. Obtain and submit completed Loan Discharge Application: Unpaid Refund (Enclose any records you have showing your withdrawal date) for loans only.

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 I attended with this guaranteed student loan. The school did not properly test my ability to benefit from the training offered. Obtain and submit completed Loan Discharge Application: False Certification of Ability to Benefit. 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:

**U.S. Department of Education  
P. O. Box 617763  
Chicago, Illinois 60661-7763  
Telephone No: (312) 886-0939**

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 Number Below. Customer Service: **(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.

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