## Hearing Request
## Administrative Wage Garnishment

Notice Letter Date:

**MAIL OR FAX FORM TO:**

FAX: (855) 292-9623
EMAIL: AWGhearingrequest@fms.treas.gov
Debt Management Services
Attn: AWG Analyst
Post Office Box 830794
Birmingham Al 35283-0794

| | |
|---|---|
| Debtor Name | |
| FedDebt Case ID Number | |
| Federal Agency | |
| Federal Agency Account Number | |
| Debt Amount | |

**If you object to garnishment of your wages for the debt mentioned above, you can use this form to request a hearing. Please check the appropriate box(es) below. Your request for a hearing must be in writing, signed, and delivered to the address above. EXPLAIN any additional facts concerning your objection on a separate sheet of paper and, together with all supporting documentation, enclose it with this request. Your objection(s) will be considered based on the information and documents you provide with this form, and any records held by the agency.**

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| Existence of the debt ï I do not owe the debt. | ☐ |
| Amount of the debt ï I do not owe the full amount of the debt. | ☐ |
| Garnishment amount ï Proposed garnishment would cause financial hardship.<br>**NOTE: You must provide a signed financial statement along with copies of earnings and income records and proof of expenses. To obtain a copy of the financial statement form, go to http://fms.treas.gov/debt/consumer_finstmt.pdf or call the number listed above.** | ☐ |
| I was involuntarily terminated from my last employment, and I have been employed in my current job for less than 12 months.<br>**NOTE: You must attach documentation from your employer showing the date you were hired in your current job and documentation from prior employer showing termination.** | ☐ |

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|---|---|
| Debtor Address | |
| Debtor Phone Number | |
| Employer Name and Address | |
| Employer Phone Number | |

I have read and understand the Important Notice about Administrative Wage Garnishment.

I understand that if I make or provide any knowingly false or frivolous claims or statements, representations, or evidence to a Federal Agency, I may be subject to penalties under the False Claims Act, 31 U.S.C. 3729-3731 or criminal penalties under 18 U.S.C. 286, 287, 1001, and 1002.

Signature_____ Date_____