# Request for Recovery of Debt Due the United States

| Name of annuitant or former employee from whom collection is being sought *(and other names under which employed)* | | Retirement system *(check one)* ☐ CSRS ☐ FERS |
|---|---|---|
| Social Security Number | Date of birth *(mm/dd/yyyy)* | Retirement claim number **CSA** |
| Also show name of survivor of former employee, if applicable | | |
| Social Security Number | Date of birth *(mm/dd/yyyy)* | Retirement claim number **CSF** |

## Description of Debt

| Name and address to which payment should be made | Date service terminated *(mm/dd/yyyy)* | Amount of debt $ |
|---|---|---|
| | Date claim accrued *(mm/dd/yyyy)* | Amount of each installment $ |
| Appropriation or fund to credit (title and symbol number), if applicable | Disbursing officer (name and symbol number), if applicable | Additional interest *(check one)* ☐ will accrue ☐ will not accrue |

Reason for debt

## Due Process

I hereby certify that the individual identified above owes the United States a debt in the amount certified; that procedures in 31 CFR 901, et. seq., and in 5 CFR 831.1801, et. seq., or 5 CFR 845 have been followed; and if ordered by a competent administrative or judicial authority, we will reimburse OPM or repay the debtor the amount received from OPM within 15 days of the date of the order.

**Check all statements that apply.**
**The creditor agency MUST send the notice of intent to offset retirement benefits, even if there is a judgment for restitution.**

☐ Date of demand letter giving notice required by 31 CFR 901, *et. seq.* — — — — — — —> _____/_____/_____

- ❖ Letter included ***notice of intent to offset retirement benefits?*** — — — — — — —> ☐ Yes ☐ No
- ❖ If no, notice must be provided before recovery is requested. Letter giving ***notice of intent to offset retirement benefits*** was sent to debtor on — — — — — — — — — —> _____/_____/_____

☐ Judgment for restitution is attached.

☐ Debtor acknowledged debt; copy is attached.

☐ Debtor consented to collection from retirement benefits; copy is attached.

☐ Debtor did not respond; but consent to collection is assumed.

☐ Debtor requested review/hearing on — — — — — — — — — — — — — —> _____/_____/_____

☐ Review/hearing on _____/_____/_____ resulted in decision to collect the amount certified. No further review is available.

| Signature of agency official making certification | | Date *(mm/dd/yyyy)* |
|---|---|---|
| Title | Telephone number *(including area code)* | Fax number *(including area code)* |

## Office of Personnel Management
## Report of Action on Request for Recovery

☐ a. Retirement account is available for immediate set-off. OPM will make payment to you as soon as possible.

☐ b. Retirement deductions for the last known period of service have been refunded. Request for recovery has been filed for possible future action.

☐ c. Retirement account for the last known period of service has not been received at OPM. Request for recovery has been filed for possible future action.

☐ d. Debtor has not filed an application for benefits. Request for recovery has been filed for possible future action.

☐ e. Debtor has no amount to his credit in the Retirement Fund. Request for recovery has been filed for possible future action.

☐ f. We are unable to identify the debtor from the data furnished. We will make another attempt after you enter the missing items and return all copies to us.

☐ g. Other *(specify)*

| Signature of authorized OPM official | Date *(mm/dd/yyyy)* |
|---|---|