

RECALL REQUEST

“For Requestor Use – All Information in the first must be completed”

Requested By: _____

Requestor’s Federal Agency Name: _____

Requestor’s Phone Number: _____ **Fax Number:** _____

Requestor’s Date: _____

Federal Agency or DMSC Debt ID: _____

Debtor Name: _____

- Reason:**
1. Not a valid debt, please explain:
 2. Debt was paid in full as of:
 3. Bankruptcy with automatic stay in effect:
 4. Debt Discharged in Bankruptcy:
 5. Other, please explain:

Completed By: _____ **Phone Number:** _____

Supporting paperwork must be attached

Please fax completed form & documents to (205)-912-6353 Attention: Mable McAlpine

****** FOR FMS USE ******

Date Received: _____ **Log Number:** _____

Assigned Collector: _____

DEBT LOCATION: _____ **DMS** _____ **PCA** _____

DATE REFERRED: ____/____/____ **DMS** ____/____/____ **PCA** ____/____/____

Debt ID: DMSC _____ **PMAC** _____ **Name** _____

STATUS:	DMSC	PMAC	Due Date
1. Current repayment agreement?	Y N	Y N	____/____/____
2. Request for repayment agreement?	Y N	Y N	____/____/____
3. Current compromise agreement?	Y N	Y N	____/____/____
4. Request for compromise agreement?	Y N	Y N	____/____/____
5. Promise to pay from debtor?	Y N	Y N	____/____/____
6. Administrative Resolution pending?	Y N	Y N	____/____/____
7. Is debt in dispute? _____			

Comments: _____

Debt in Dispute, federal Agency failed to respond in 30 days.

ACTION: Return to Agency Call Agency Recall Retain No Action

Name: _____ **Date:** _____