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)*