

Administrative Wage Garnishment Request for Hearing or Eligibility Determination

MAIL OR FAX FORM TO:

FAX: (855) 292-9623

EMAIL: AWGhearingrequest@fiscal.treasury.gov

MAIL: Bureau of the Fiscal Service

Attn: AWG Analyst

Post Office Box 830794

Birmingham, AL 35283-0794

Date Notice of Intent Sent:

Debtor Name	
Treasury Case Number	
Agency Name	
Agency Account Number	
Account Balance	

If you object to garnishment of your wages for the debt mentioned above, you can use this form to request a hearing or to assert ineligibility for garnishment based on the facts of your employment. Please check the appropriate box(es) below. Your request for a hearing or assertion of ineligibility 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.

I request a hearing based on the existence of the debt - I do not owe the debt.	☐
I request a hearing based on the amount of the debt - I do not owe the full amount of the debt.	☐
I request a hearing based on the garnishment amount - Proposed garnishment would cause financial hardship. 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 https://www.fiscal.treasury.gov/files/cross-servicing/consumer-finstmt.pdf and fax it to the number listed above.	☐
I am ineligible for garnishment because I was involuntarily terminated from my last employment, and I have been employed in my current job less than 12 months. NOTE: You must attach documentation from your employer showing the date you were hired in your current job and documentation from prior employer showing involuntary termination for this exemption to be considered.	☐

Debtor Address		
Debtor Phone No. / Email	(Phone)	(Email)
Employer Name and Address		
Employer Phone Number		

I have read and understand the Important Notice Concerning Administrative Wage Garnishment enclosed with this form.

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 _____