

Date Received:

Log No.:

RECALL REQUEST

"For Requestor Use - All information in first box must be completed"

Requested by:

Requestor's Federal Agency Name:

Requestor's Phone No: _____ Fax No:

Request 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. Debt in dispute, Federal Agency failed to respond in 30 days
 6. Other, please explain:

Completed by: _____ Phone No:

Supporting paperwork must be attached

Completed form & documents can be faxed to Collection Policy Branch (202) 874-4204

**** FOR FMS USE ****

DEBT LOCATION: _____ DMS _____ PCA

DATE REFERRED: ___/___/___ ___/___/___

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 | ___/___/ |

Comments:

ACTION: Return to Agency Call Agency Recall Retain No action

Name: _____ Date: _____