

STATE OF KANSAS

Setoff Program
P.O. Box 2713
Topeka, KS 66601-2713

DEBTOR NAME
DEBTOR ADDRESS
CITY, STATE ZIP CODE

DATE
LAST TWO DIGITS OF TIN

*****NOTICE OF INTENT TO SETOFF*****

The Setoff Program is governed by K.S.A. 75-6201 et seq.

Setoff Program records indicate you owe a debt to the State of Kansas, a Kansas municipality, a Kansas district court or a foreign state agency. The debt must be paid. We have matched a payment the state owes you such as tax refunds, state employee earnings, or other types of payments with a debt you owe. We intend to apply this money toward your debt. If your debt is less than the money being withheld, the balance will be sent to you. We will hold the money the state owes you for 15 days before the money is applied to the debt.

Intercepted payment:

PAYOR AGENCY: Payor Agency

PAYMENT TYPE: Payment Type

*AMOUNT AVAILABLE FOR SETOFF: \$100.00

*If the amount available is greater than the debt, only an amount equal to the debt will be withheld.

The debt detail is listed on the back of this notice. Contact the "Agency Owed" if you have questions concerning your debt.

If the setoff is made against non-earnings due you, such as tax refunds or miscellaneous payments from the state, all of the payment (100%) may be taken and applied to the debt. If you are a state employee, the setoff may be against your earnings. The law allows a setoff of 25% of your disposable earnings (as defined in the state garnishment laws) from each payroll warrant until your non-support debt is paid in full.

If there is a remaining debt balance, you may make payments on the remaining debt balance. Make checks or money orders payable to Department of Administration and send to the address above. Include the agency owed and account number OR the last four digits of your social security number separately from the payment. Or you may make payment with a debit or credit card by calling the Setoff Program at 785-296-4628.

You have the right to request an administrative hearing. The ONLY purpose of a hearing is to determine whether there is a valid debt equal to or greater than the "AMOUNT AVAILABLE FOR SETOFF." To appeal the debt, write a letter including the last four digits of your social security number, contact information, and a statement that you wish to appeal the debt. Send the letter to the address above within 15 days of the date on this notice. We will continue to hold the "AMOUNT AVAILABLE FOR SETOFF" until the appeal has been resolved. You will be notified in writing of the time and place of the hearing. Failure to request a hearing within the 15 day period will be deemed a waiver of the opportunity to contest the claim causing final setoff by default.

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR DEBT, CONTACT THE AGENCY OWED. THE SETOFF PROGRAM DOES NOT HAVE ANY DETAIL INFORMATION ON THE DEBT. THE AGENCY WHERE THE DEBT IS OWED HAS ALL THE DETAIL INFORMATION.

Debt Detail

Agency Owed:
Agency Owed

Agency Office/Unit:
Agency Office/Unit

Phone:	Ext:	Fax:	Debt Description:	Account Number:	Amount:
Phone	Ext	Fax	Debt Description	Account Number	Amount
