

[Date of Letter]

[Name of Debtor]

[Address of Debtor]

RE: Amount of past due debt owed to [Agency]: [\$ Amount Owed]
Date debt became past due: [Date of Delinquency]
Account/Case Number: [Account No.]

Dear [Name of Debtor]:

You have not paid the amount you owe to [Agency Name]. [If not previously provided, explain nature of the debt.] If you do not pay your debt or take other action described below before [DATE – 60 days from the date of the letter], [Agency Name] will submit your debt to the Treasury Offset Program (TOP). We will continue to add interest, penalties, and other charges to your unpaid debt. [If not previously provided, explain Agency's policies concerning interest, penalties, and administrative charges.]

Once your debt is submitted to the TOP, the U.S. Department of the Treasury (U.S. Treasury) will reduce or withhold any eligible payments made to collect your debt. This process, known as "offset," is authorized by the Debt Collection Improvement Act of 1996, the Deficit Reduction Act of 1984, and other laws.

Before we submit your debt to the TOP, we are required to tell you that you may (1) inspect and copy our records related to your debt; (2) request a review of our determination that you owe this debt; and (3) enter into an acceptable written repayment agreement.

TO AVOID OFFSET, you must do one of the following by [DATE – 60 days from date of letter]:

- **REPAY YOUR DEBT:** To repay your debt, send a check or money order, payable to [Agency Name or Payee], for the full amount that you owe and mail to: [Agency Payment Mailing Address].
- **AGREE TO A REPAYMENT PLAN:** If you are unable to pay your debt in full, you must contact [Agency Contact Name and Telephone Number], agree to a repayment plan acceptable to us, and make payments required in the repayment plan.
- **REQUEST A REVIEW IF YOU BELIEVE THE DEBT IS NOT OWED:** If you believe that all or part of the debt is not past due or legally enforceable, you must send evidence to support your position to: [Agency Name and Mailing Address]. We will inform you of our decision about your debt.

BANKRUPTCY: If you filed for bankruptcy and the automatic bankruptcy stay is in effect, you are not subject to offset while the stay is in effect. Please notify [Agency Name and Mailing Address] of the stay by sending evidence that you have filed a petition for bankruptcy.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C. §§ 3729-3731), or other applicable statutes, and/or criminal penalties under 18 U.S.C. §§ 286, 287, 1001, and 1002, or other applicable statutes.

If you have any questions about this letter or your rights, you should contact [Agency Contact Name and Telephone Number] immediately.

Sincerely,

[Agency]