

**REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES
BY SALARY OFFSET**

1. PAYING AGENCY IDENTIFICATION	2. EMPLOYEE IDENTIFICATION	
a. NAME	a. NAME <i>(Last, First, Middle Initial)</i>	
b. ADDRESS <i>(Street, City, State and Zip Code)</i>	b. ADDRESS <i>(Street, City, State and Zip Code)</i>	
	c. DATE OF BIRTH	d. SOCIAL SECURITY NUMBER

To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.

3. DEBT INFORMATION			
a. REASON FOR DEBT			
b. DATE RIGHT TO COLLECT ACCRUED		c. DEBT IDENTIFICATION NUMBER, IF ANY	
d. ORIGINAL DEBT AMOUNT	\$	e. NUMBER OF INSTALLMENTS	@ (1) Amount (2)
f. INTEREST DUE <i>(If none, show N/A)</i>	\$		\$
g. PENALTY DUE <i>(If none, show N/A)</i>	\$		\$
h. ADMINISTRATIVE COST <i>(If none, show N/A)</i>	\$		
i. TOTAL COLLECTION TO BE MADE		j. COMMENCE DEDUCTIONS ON <i>(Enter date)</i>	

4. DUE PROCESS <i>(X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)</i>								
		Date Action Taken (1)	Acknowledgement (2)	Consent (3)		Date Action Taken (1)	Acknowledgement (2)	Consent (3)
	a. CREDITOR COMPONENT 30 DAY SALARY OFFSET NOTICE					d. HEARING HELD		
	b. EMPLOYEE DID NOT RESPOND (Consent assumed)					e. DECISION FOR CREDITOR COMPONENT		
	c. EMPLOYEE REQUESTED A HEARING					f. OTHER <i>(Specify)</i>		

I certify the following:

- (1) The debt identified above is properly due the United States from the named employee in the amount shown;
- (2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and
- (3) The information concerning this Component's and the employee's actions is correct as stated.

5. CREDITOR COMPONENT INFORMATION			
a. NAME	b. APPROPRIATION/FUND		
	(1) Title		(2) Symbol No.
c. ADDRESS <i>(Street, City, State and Zip Code)</i>	d. DISBURSING OFFICER		
	(1) Name <i>(Last, First, Middle Initial)</i>		(2) Symbol No.
e. CERTIFYING OFFICIAL			
(1) Signature			(2) Date Signed
(3) Title			(4) Telephone Number

DD Form 2481
REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES
BY SALARY OFFSET

(Debt Claim Form)

AUTHORITY: DoD Instruction 7045.18

GUIDELINES FOR USE OF FORM

The information requirements for this form are rather obvious and with the exception of entry 3.e., the information can be obtained from the records of the Creditor Component. The Creditor Component must rely on the Paying Agency's cooperation and assistance in ascertaining a debtor's disposable pay. We recommend that DoD Components contact the Paying Agency to get the amount of disposable pay, compute the appropriate proposed installment payments and include the computed amount in the final demand notice to the debtor. This will ensure that the proposed installment payments are correct and assist the debtor in making a judgment on whether to challenge the amount of the proposed installment deduction.

This debt claim form has been designed primarily for requesting recovery of a debt by salary offset and certifying that due process has been completed when a debtor has not: responded to a demand for payment; requested a hearing; or refuted the Creditor Component's proposed installment deductions.

Regulations limit installment payments to 15 percent of a debtor's disposable pay, unless the debtor has authorized a larger amount to be withheld. The Creditor Component is required to designate on the debt claim form the number of installments and the amount of each installment when requesting offset from the Paying Agency. However, if the Creditor Component has not been successful in obtaining a debtor's disposable pay, entry 3.e. may be completed by including the words, "15 percent of disposable pay." In this case, entry 3.i. would be left blank.