

**INVOLUNTARY ALLOTMENT APPLICATION**OMB No. 0704-0367  
OMB approval expires  
Nov 30, 2010

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**PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. SEND YOUR COMPLETED FORM TO THE ADDRESS IN THE INSTRUCTIONS BELOW.**

**INSTRUCTIONS**

- These instructions govern an application for involuntary allotment payment from Military Service (or Coast Guard) member's active or reserve/guard's pay under 5 USC Section 5520a.
- In order to be processed, this form must be filled out completely, signed, and the following supporting documents attached:
  - A copy of the judgment, certified by the clerk of the appropriate court;
  - If the applicant is other than the original judgment holder, proof of the applicant's right to succeed to the interest of the original judgment holder.
- Submit the original and two copies of this application and all supporting documents to:

For Army, Navy, Air Force and Marine Corps:

Defense Finance and Accounting Service  
Cleveland Center, Code GAG  
PO Box 998002  
Cleveland, OH 44199-8002

<http://www.dfas.mil/money/garnish/>

For Coast Guard:

Commanding Officer  
U.S. Coast Guard  
Personnel Service Center (LGL)  
444 S.E. Quincy Street  
Topeka, KS 66683-3591

**SECTION I - IDENTIFICATION****1. APPLICANT**

I hereby request that an involuntary allotment be established from the pay of the following identified member of the Military Services/ Coast Guard pursuant to the provisions of Pub. L. No. 103-94, the Hatch Act Reform Amendments of 1993. The debt in question has been reduced to a judgment. A copy of the judgment, as certified by the appropriate Clerk of Court, is attached.

**a. APPLICANT NAME** (Provide whole name whether a person or business)**b. TELEPHONE NUMBER** (Incl. Area Code)**c. ADDRESS****(1) STREET AND APARTMENT OR SUITE NUMBER****(2) CITY****(3) STATE****(4) ZIP CODE** (9 digit)**2. SERVICE MEMBER****a. NAME** (Last, First, Middle Initial)**b. SSN****c. BRANCH OF SERVICE****d. CURRENT DUTY ASSIGNMENT** (If known)**e. CURRENT ADDRESS** (If known)**(1) STREET AND APARTMENT OR SUITE NUMBER****(2) CITY****(3) STATE****(4) ZIP CODE** (9 digit)**3. CASE****a. CASE NUMBER** (As assigned by court)**b. NAME OF ORIGINAL JUDGMENT HOLDER** (If different from applicant)**c. ACCOUNT NUMBER OF DEBTOR****d. JUDGMENT AMOUNT****(1) DOLLAR AMOUNT OF JUDGMENT****(2) DOLLAR AMOUNT OF INTEREST OWED TO DATE OF APPLICATION****(3) TOTAL DOLLAR AMOUNT DUE** (Total of sub-blocks (1) and (2))

\$

\$

\$

**SECTION II - APPLICANT CERTIFICATION**

**4. I HEREBY CERTIFY THAT:**

a. *(X as applicable)*

(1) The judgment has not been amended, superseded, set aside, or satisfied;

(2) If the judgment has been paid in part, the total amount remaining to be paid is \$ \_\_\_\_\_

b. *(X as applicable)*

(1) The judgment was issued while the member was not on active duty; or

(2) If the judgment was issued while the member was on active duty, that the member was present or represented by an attorney of the member's choosing in the proceedings; or

(3) If the member was not present or represented by an attorney at the judicial proceedings, that the judgment complies with the Servicemembers Civil Relief Act, 50 U.S.C. App. Sections 501-596 (2003). (If you obtained a default judgment and it does not contain language that indicates that the plaintiff complied with 50 U.S.C. App. 501-593, then you must submit proof that an affidavit stating the member's military service status, as required by 50 U.S.C. App. 520, was filed with the court prior to entry of the judgment.)

c. The member's pay could be garnished under applicable State law and 5 USC 5520a if the member were a civilian employee;

d. To the best of my knowledge, the debt has not been discharged in bankruptcy nor has the member filed for protection from creditors under the bankruptcy laws of the United States;

e. I will promptly notify you to discontinue the involuntary allotment at any time the judgment is satisfied prior to the collection of the total amount of the judgment through the involuntary allotment process;

f. If the member overpays the amount owed on the judgment, I will refund the amount of overpayment to the member within 30 days of discovery or notice of the overpayment, whichever is earlier, and that if I fail to repay the member, I understand that I may be denied the right to collect by involuntary allotment on other debts reduced to judgments.

**5. I HEREBY ACKNOWLEDGE THAT:**

As a condition of application, I agree that neither the United States, nor any disbursing official or Federal employee whose duties include processing involuntary allotment applications and payments, shall be liable with respect to any payment or failure to make payment from moneys due or payable by the United States to any person pursuant to this application.

**6. CERTIFICATION**

I make the foregoing statement as part of my application with full knowledge of the penalties involved for willfully making a false statement (U.S. Code, Title 18, Section 1001, provides a penalty as follows: Shall be fined under this title or imprisoned not more than 5 years, or both.

a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TELEPHONE NO. <i>(Include area code)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>
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