

ECMC

1 Imation Place, Building 2
Oakdale, MN 55128

Request for Hearing or Exemption

Name: _____ SSN: _____
Address: _____ Home Phone: _____
_____ Work Phone: _____

Instructions

Use this form to request a hearing or claim exemption from wage withholding. Complete all parts that apply and return the completed form and any required documentation to the address given after part 3. Be sure that your *name and Social Security number* appear on all documents and sheets of paper that you submit with this form.

If you wish to enter into a repayment agreement in order to prevent wage withholding, **DO NOT USE THIS FORM**. Instead, contact the ECMC Collections Department at 1-800-780-7997. By agreeing to repay, you are also agreeing that you do not contest the debt, and that *if you do not honor the repayment agreement, your debt can be collected by garnishment without further notice*.

1. Request for Hearing (Check only one of the following, then complete parts 2 and 3 of this form.)

- I want a hearing based on my *written statement* (attached) and the records in my loan file.
- I want a hearing by *telephone*. (Provide a telephone number where you can be reached during the day.)
() _____
- I want an *in-person* hearing in Chicago, Illinois. (I understand that I must pay my own expenses to appear at this hearing.)

2. Reasons Why You Object to Garnishment (Check one or more reasons that apply.) Explain any further facts concerning your objection on a separate sheet of paper that includes your name and Social Security number. You have the burden of proving any claims raised by your objection(s). The hearing on your objection(s) will be conducted based on the information on this form, any documentation you provide, and the documentation maintained by ECMC. Please note that failure to provide written proof of your objection(s) may result in a hearing official issuing a decision to deny your objection as unsubstantiated.

- I was involuntarily separated from employment and have not been re-employed continuously for twelve (12) months. (If you are covered under a state's unemployment program, you should submit this form along with documents from your state Employment Commission [or a similar agency in another state] indicating your entitlement to unemployment compensation, and a statement from your present employer indicating the date you began work at your present job. If you are not covered under a state's unemployment program [even if involuntarily separated from employment], you must provide a statement to that effect from the state unemployment agency.) Please note that failure to provide written proof may result in a decision by this hearing official to deny your objection.

My previous employer was: _____

Address _____ City _____ State _____ Zip _____

Phone #: (__) _____ Date of separation: _____

My present employer is: _____

Address _____ City _____ State _____ Zip _____

Phone #: (__) _____ Date hired: _____

- I do not owe the full amount shown because I repaid some or all of this loan. (Enclose copies of the front and back of all checks, money orders, and any receipts showing payments made to the holder of the loan.)
- I am making payments on this loan as required under the repayment agreement reached with the holder of the loan. (Enclose copies of the repayment agreement and copies of the front and back of checks where you paid on the agreement.)
- Garnishment of 15% of my disposable pay would result in an extreme financial hardship. (You will be mailed financial disclosure forms that you should complete and return to support your claim, along with copies of all documentation required to support your claims on those forms.) The hearing official will make a determination of the amounts you should pay based on a review of the financial disclosure forms and any documentation you submit.
- I filed for bankruptcy and my case is still open. (Enclose copies of any document from the court that shows the date that you filed, the name of the court, and your case number.)
- This loan was discharged in bankruptcy. (Enclose copies of the loan discharge order and the schedule of debts filed with the court.)
- The borrower has died. (Enclose a copy of the borrower's Death Certificate.)
- I am totally and permanently disabled (unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death). I request an application for discharge of my loan for this reason. (Enclose a recent letter from a physician who certifies that you are totally and permanently disabled, and the date you became disabled.)
- I used this loan to enroll in _____ (name of school) on or about ___/___/___ and could not complete my educational program because the school closed while I was enrolled or no later than 90 days after I withdrew. I request an application for discharge of my loan for that reason.
- When receiving this loan, I did not have a high school diploma or GED at the time I enrolled at the school I attended, and I believe the school did not properly test my ability to benefit from the program. I request an application for discharge of my loan for this reason.
- When I borrowed this loan to attend _____ (name of school), I had a condition (physical, mental, age, criminal record) that prevented me from meeting state requirement for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.

- I believe that a representative of _____ (name of school) signed my name without permission on the loan application, promissory note, loan check(s), or authorization for my loan to be disbursed by electronic funds transfer or master check. I request an application for discharge of my loan for this reason.
- This is not my Social Security number and I do not owe this debt. (Enclose a copy of your driver's license or other identification issued by a federal, state, or local government agency, and a copy of your Social Security card.)
- I believe that this loan is not an enforceable debt in the amount stated for the reasons explained in the attached letter. (Attach a letter with any supporting documentation explaining any reason other than those listed above for your objection to collection of this loan amount by garnishment of your salary.)

3. Signature

I swear, under penalty of perjury, that the statements I have made on this request are true and accurate to the best of my knowledge.

Signature

Date

Return this form and any supporting documentation to:

ECMC
Attn: Wage Withholding Administrator
P.O. Box 64909
St. Paul, MN 55164-0909