

REQUEST FOR HEARING OR EXEMPTION

Name: _____ Last 4 Digits of 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 following PART III. Be sure that your *name and the last four digits of your 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 ECMC's Collection Department at 800-367-1590 or go to www.ecmc.org/myaccount.

PART I. REQUEST FOR HEARING

Check **only one** of the following, and then complete Parts II and III of this form.

- I want a hearing based on my *written statement* 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 at a time and place established by ECMC. I understand that I must pay my own expenses to appear at this hearing.

PART II. REASONS WHY YOU OBJECT TO GARNISHMENT

CHECK one or more reasons that apply. Explain any further facts concerning your objection(s) on a separate sheet of paper. 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, failure to provide written proof of your objection(s) may result in a hearing official issuing a decision to deny your objection(s) as unsubstantiated.

- I was involuntarily separated from employment and have not been re-employed continuously for 12 months. Attach support for your involuntary separation claim such as: documents from your state Employment Commission (or a similar agency) indicating a position on your entitlement to unemployment compensation or a statement from your past and present employer indicating employment dates. Please note, failure to support your claim of involuntary separation may result in a decision by the hearing official to deny your objection.

My previous employer was:

Address

City

State

Zip

ECMC

PO Box 64909, St. Paul, MN 55467-0909

Telephone: (_____) _____ Date of Separation: _____

My present employer is:

Address _____ City _____ State _____ Zip _____

Telephone: (_____) _____ Date of Hire: _____

- 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 all checks where you paid on the agreement.)
- Garnishment of 15% of my disposable pay would result in a financial hardship as defined by regulation. (You will be mailed financial disclosure forms that you must 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 you filed, the name of the court and your case number.)
- This loan was discharged in bankruptcy. (Enclose a copy of the undue hardship determination order.)
- 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 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 not later than 120 days after I withdrew. I request an application for discharge of my loan for that reason.
- I did not have a high school diploma or GED when I enrolled at the school I attended when receiving this loan, 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 requirements for performing the occupation for which I received training at the school. I request an application for discharge of my loan for this reason.

ECMC

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- I believe 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 loan. (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 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.)

PART III. 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.

DATE _____ SIGNATURE _____

Return this form to:

ECMC
Attention: Wage Withholding Administrator
111 Washington Avenue South
Suite 1400
Minneapolis, MN 55401