Request for Re	covery of Debt Due the United	l States
Name of annuitant or former employee from whom collection is	•	Retirement system (check one)
Social Security Number	Date of birth (mm/dd/yyyy)	CSRS FERS Retirement claim number
Social Security Number	Date of office (mm/aa/yyyy)	CSA
Also show name of survivor of former employee, if applicable		
Social Security Number	Date of birth (mm/dd/yyyy)	Retirement claim number CSF
	Description of Debt	CSF
Name and address to which payment should be made	Date service terminated (mm/dd/vvvv)	Amount of debt
F-7	(
		\$
	Date claim accrued (mm/dd/yyyy)	Amount of each installment
		\$
Appropriation or fund to credit (title and symbol number), if applicable	Disbursing officer (name and symbol number), if applicable	Additional interest (check one)
		will accrue will not accrue
Reason for debt		
	Due Process	
seq., and in 5 CFR 831.1801, et. seq., or 5 CFR 84	owes the United States a debt in the amount certified to have been followed; and if ordered by a competen ount received from OPM within 15 days of the date o	t administrative or judicial authority,
we will remiouse of M of repay the deotor the ann	Check all statements that apply.	i die order.
The creditor agency MUST send the noti	ce of intent to offset retirement benefits, even if there is a	judgment for restitution.
Date of demand letter giving notice required by	y 31 CFR 901, et. seq. — — — — — >	
 Letter included notice of intent to offset 	retirement benefits? — — — — — —>	Yes No
 If no, notice must be provided before recoffset retirement benefits was sent to de 	covery is requested. Letter giving <i>notice of intent to</i> btor on ——————————————————————————————————	/
Judgment for restitution is attached.		
Debtor acknowledged debt; copy is attached.		
Debtor consented to collection from retirement	benefits: conv is attached	
Debtor did not respond; but consent to collection	, 17	
•	on is assumed.	_
Debtor requested review/hearing on — — -		//
	alted in decision to collect the amount certified. No fu	
Signature of agency official making certification		Date (mm/dd/yyyy)
Title	Telephone number (including area code)	Fax number (including area code)
Of Report	fice of Personnel Management of Action on Request for Recovery	
a. Retirement account is available for immediate set-off.	•	
b. Retirement deductions for the last known period of service have been refunded. Request for recovery has been filed for possible future action.		
c. Retirement account for the last known period of service	has not been received at OPM. Request for recovery has been filed	for possible future action.
d. Debtor has not filed an application for benefits. Reques	t for recovery has been filed for possible future action.	
e. Debtor has no amount to his credit in the Retirement Fu	nd. Request for recovery has been filed for possible future action.	
f. We are unable to identify the debtor from the data furnisg. Other (specify)	shed. We will make another attempt after you enter the missing iter	ns and return all copies to us.

Signature of authorized OPM official

Date (mm/dd/yyyy)