

Request for Hearing or Exemption

Name		Account Number	
Street Address		Social Security Number	
City	State	ZIP Code	
Home Telephone Number	Work Telephone Number	Cell Telephone Number	

INSTRUCTIONS

Use this form to request a hearing if you object to wage withholding. Complete all parts that apply, and return the completed form and all required documentation to the address given following **PART 3**. Be sure that **your name and Social Security number** appear on all documents and sheets of paper 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 Michigan Guaranty Agency Administrative Wage Garnishment Unit at 1-800-642-5626. By agreeing to repay, you are also agreeing that you do not contest the debt, and that **if you do not honor that repayment agreement, your debt can be collected by garnishment without further notice**.

PART 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** 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 Minneapolis, MN. (I understand that I must pay my own expenses to appear at this hearing.)

PART 2: REASONS YOU OBJECT TO GARNISHMENT

CHECK one or more reasons that apply. Explain any further facts concerning your objection 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 Michigan Guaranty Agency. 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(s) as unsubstantiated.

- I was involuntarily separated from employment and have not been reemployed 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 the hearing official to deny your objection.

My **Previous** Employer

Address, City, State, ZIP Code

Telephone Number

Date of Separation

My **Present** Employer

Address, City, State, ZIP Code

Telephone Number

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 I 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 loan discharge order and the schedule of debts filed with the court.)
- The borrower has died. (Enclose copy of 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.
- 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 this 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.
- 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 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 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 not listed above, including, for example, that the loan was obtained by another person through the crime of theft of your identity, for your objection to collection of this loan amount by garnishment of your salary.)

PART 3: CERTIFICATION

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

Printed Name	Date
Signature	Social Security Number

RETURN THIS FORM TO:

**Michigan Guaranty Agency
P.O. Box 30047
Lansing, MI 48909**