

## NOTICE OF CLAIM AND INTENT TO SEEK DEBT RECOVERY; CHALLENGE; AND RESPONSE TO CHALLENGE

Print on district letterhead or on form with district name and address.

**The information in this Notice of Claim is confidential; disclosure is limited to staff members who have a business need to be informed.**

**Section 1 - Notice of Claim and Intent to Seek Payment of a Delinquent Debt.** The District completes this section and sends the entire Notice of Claim to the person or entity that is the subject of the claim.

To	
Name	Address
<p>Our records show that you owe the School District \$ _____ for: [Describe the reason for the debt and date(s) incurred] _____</p>	
<p><b>After attempts at the school-building level to notify you of this debt and obtain payment, your debt has been referred to the District's Business Office. This debt is past due and legally enforceable.</b> Unless this debt is paid on or before _____, the District will seek collection to the fullest extent of the law. That means that you may see a decrease in a future payment(s) that the State makes to you by the amount of the debt that you owe the District, plus a recovery fee until your debt is paid.</p> <p>You may challenge this claim any time before _____ by completing Section 2 below and returning this Notice of Claim to the Superintendent's office. If you challenge the debt, you will be invited to an informal proceeding in which the District Business Office will describe the claim and you can explain why you believe the claim is invalid and/or the amount is wrong. A decision finding the debt enforceable will be automatically reviewed by me or my designee (who is not a subordinate of the individual making the enforceability finding).</p>	
Superintendent	Date

**Section 2 - Challenge.** The individual or entity who wants to challenge the claim must complete this section and return the entire Notice of Claim to the Superintendent's office.

<p><b>I am challenging the claim.</b> Please check all that apply.</p> <p><input type="checkbox"/> I am submitting with this Notice of Claim a written explanation of why I believe the claim is invalid or the amount is wrong.</p> <p><input type="checkbox"/> I would like to explain why I believe the claim is invalid or the amount is wrong during an informal proceeding by telephone or at a meeting in the District office.</p> <p><input type="checkbox"/> I am requesting a copy of this Challenge to my Notice of Claim.</p>	
Individual or entity challenging the claim	Date
Contact Number	

