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APPENDIX C TO PART 113—SAMPLE DD FORM 2653, ''INVOLUNTARY ALLOTMENT APPLICATION''

Appendix C to Part 113

INVOLUNTARY ALLOTMENT APPLICATION

Form Approved
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PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5520a, EO 9397.

PRINCIPAL PURPOSE: To make an application for the involuntary allotment of pay from a member of the Armed Services or the Coast Guard.

ROUTINE USES: None.

DISCLOSURE: Voluntary; however, failure to provide the requested information may result in denial of the involuntary allotment application.

INSTRUCTIONS

1. These instructions govern an application for involuntary allotment payment from Military Service (or Coast Guard) member's active or reserve/guard's pay under 5 USC Section 5520a.

2. In order to be processed, this form must be filled out completely, signed, and the following supporting documents attached:
   a. A copy of the judgment, certified by the clerk of the appropriate court;
   b. If the applicant is other than the original judgment holder, proof of the applicant's right to succeed to the interest of the original judgment holder.

3. Submit the original and three copies of this application and all supporting documents to:
   For Army, Navy, Air Force and Marine Corps:
   Defense Finance and Accounting Service
   Cleveland Center, Code L
   PO Box 998002
   Cleveland, OH 44199-8002

   For Coast Guard:
   Coast Guard Pay and Personnel Center (LGL)
   444 S.E. Quincy Street
   Topeka, KS 66683-3591

SECTION I - IDENTIFICATION

1. APPLICANT

I hereby request that an involuntary allotment be established from the pay of the following identified member of the Military Services/ Coast Guard pursuant to the provisions of Pub. L. No. 103-94, the Hatch Act Reform Amendments of 1993. The debt in question has been reduced to a judgment. A copy of the judgment, as certified by the appropriate Clerk of Court, is attached.

a. APPLICANT NAME *(Provide whole name whether a person or business)*

b. ADDRESS

(1) STREET AND APARTMENT OR SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE *(9 digit)*

2. SERVICE MEMBER

a. NAME *(Last, First, Middle Initial)*	b. SSN	c. BRANCH OF SERVICE

d. CURRENT DUTY ASSIGNMENT *(If known)*

e. CURRENT ADDRESS *(If known)*

(1) STREET AND APARTMENT OR SUITE NUMBER	(2) CITY	(3) STATE	(4) ZIP CODE *(9 digit)*

3. CASE

a. CASE NUMBER *(As assigned by court)*	b. NAME OF ORIGINAL JUDGMENT HOLDER *(If different from applicant)*	c. ACCOUNT NUMBER OF DEBTOR

d. JUDGMENT AMOUNT

(1) DOLLAR AMOUNT OF JUDGMENT $	(2) DOLLAR AMOUNT OF INTEREST OWED TO DATE OF APPLICATION *(Only if awarded by the judgment)* $

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SECTION II - APPLICANT CERTIFICATION

4. I HEREBY CERTIFY THAT:

a. *(X as applicable)*

☐ (1) The judgment has not been amended, superseded, set aside, or satisfied;

☐ (2) If the judgment has been satisfied in part, that the judgment remains unsatisfied to the extent of $ _____

b. *(X as applicable)*

☐ (1) The judgment was issued while the member was not on active duty; or

☐ (2) If the judgment was issued while the member was on active duty, that the member was present or represented by an attorney of the member's choosing in the proceedings; or

☐ (3) If the member was not present or represented by an attorney at the judicial proceedings, that the judgment complies with the Soldiers' and Sailors' Civil Relief Act of 1940, as amended, 5 USC app. 501-592.

c. The member's pay could be garnished under applicable State law and 5 USC 5520a if the member were a civilian employee;

d. To the best of my knowledge, the debt has not been discharged in bankruptcy nor has the member filed for protection from creditors under the bankruptcy laws of the United States;

e. I will promptly notify you to discontinue the involuntary allotment at any time the judgment is satisfied prior to the collection of the total amount of the judgment through the involuntary allotment process;

f. If the member overpays the amount owed on the judgment, I will refund the amount of overpayment to the member within 30 days of discovery or notice of the overpayment, whichever is earlier, and that if I fail to repay the member, I understand that I may be denied the right to collect by involuntary allotment on other debts reduced to judgments.

5. I HEREBY ACKNOWLEDGE THAT:

As a condition of application, I agree that neither the United States, nor any disbursing official or Federal employee whose duties include processing involuntary allotment applications and payments, shall be liable with respect to any payment or failure to make payment from moneys due or payable by the United States to any person pursuant to this application.

6. CERTIFICATION

I make the foregoing statement as part of my application with full knowledge of the penalties involved for willfully making a false statement (U.S. Code, Title 18, Section 1001, provides a penalty as follows: A maximum fine of $10,000 or maximum imprisonment of 5 years, or both).

a. TYPED NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED

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SAMPLE