

REQUEST FOR WRITING OFF STATE UNCOLLECTIBLE DEBTS

Please fill in and return to the Division of Risk Management in support for your agency's request to write off uncollectible debts.

1. This agency has determined the following debts to be uncollectible:

AGENCY FUND PROGRAM/SUBPROGRAM ACTIVITY DATE OF DEBT AMOUNT

2. Please indicate if this debt is:

- A private individual or corporation non-payment
- A not-for-profit organization non-payment
- An interagency debt – name other agency _____
- An intra-agency debt – name both units _____
- An uncollectible federal charge

3. Who has determined the debts to be uncollectible?

- Auditor
- Agency Director/Systems President/Campus Chancellor
- Agency Fiscal Officer/Campus Budget Officer
- Program Director/Division Head/Dean/Department Chair
- Agency Legal Counsel
- Other, list title/position _____

4. The debts are not collectible because:

- Bankruptcy
- Cannot be Located
- Deceased with no Assets

5. The agency has attempted to collect the debts by the following methods.

Please check all methods used and attach any supporting documentation (for example a letter from the Attorney General's Office, etc.).

- Letter from agency to debtor
- Telephone call
- Letter from Agency Legal Counsel
- Personal Visit
- Outside Collection Agency
- Attorney General's Office
- Other, please indicate _____

I have determined that the listed debts are uncollectible and must be written off by the State of Nebraska.

AGENCY DIRECTOR (signature is required)

DATE