

Maine Department of Health and Human Services (DHHS)
Division of Support Enforcement and Recovery

Name: _____ Case ID: _____
Address: _____
City: _____ State: _____ ZIP: _____
Email: _____

Appeal of an Agency Action - **Stimulus Offset**

Grounds for dispute must meet one of the following criteria:

1. Whether the debt amount is a correct statement of the debt that has accrued under or been established by a court order or administrative decision;
2. Whether there is a court order prohibiting collection. NOTE: a court order setting regular payments on arrears does not limit the use of a federal intercept for enforcement of a liquidated debt;
3. Whether DSER is authorized or required by state or federal law to submit the debt, or may do so pursuant to an application or contract for support enforcement services with an individual in connection with past-due non-TANF related child support or alimony; or
4. Whether the responsible parent and DSER have executed a written agreement that expressly exempts the responsible parent from submittal for federal offset of the debt.

Please state your grounds and reason for appeal below:

My statement is true and complete to the best of my knowledge. I understand it is a Class E crime to knowingly give false information on this form.

Date: _____ Signed: _____

Note: You may sign this form electronically by entering the date and typing your name on the signature line. Once completed please email it to the office handling your case. A list of office email addresses is located on our DSER home page.