

**Operational Services**

**Exhibit - 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

Our records show that you owe the School District \$ \_\_\_\_\_ for: *Describe the reason for the debt and date(s) incurred* \_\_\_\_\_

**This debt is past due and legally enforceable.** Unless this debt is paid on or before \_\_\_\_\_ the District will certify the debt to the Illinois Office of the Comptroller. That Office will decrease a future payment the State makes to you by the amount of the debt that you owe the District, plus a recovery fee to the Comptroller of no more than fifteen dollars (\$15.00). At that time, your debt will be paid.

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).

\_\_\_\_\_  
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.*

**I am challenging the claim.** *Please check all that apply.*

I am submitting with this Notice of Claim a written explanation of why I believe the claim is invalid or the amount is wrong.

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.

I am requesting a copy of this Notice of Claim.

\_\_\_\_\_  
Individual or entity challenging the claim Date

\_\_\_\_\_  
Contact Number

**Section 3 - Findings.** *The Business Office completes this section and forwards the entire Notice of Claim to the Superintendent's office along with relevant supporting information and any material or explanation received from the individual or entity challenging the claim.*

The Business Office finds that this debt should be considered:  Satisfied.  
 Enforceable.

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Date

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**Section 4 - Review of Findings and Response to Challenge.** *The Superintendent or designee who reviewed the findings completes this section and sends a copy of the Notice of Claim to the person or entity who challenged the claim.*

- This debt is satisfied.
- Your challenge is denied. You must pay the debt by \_\_\_\_\_ to avoid further collection efforts.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date