

# Accounts Receivable Forgiveness Request Form

## Instructions

- 1) Download the PDF form to your computer;
- 2) Complete the Request section and add your Adobe digital signature;
- 3) Save to your computer;
- 4) Email the completed form and worksheet to [DPA\\_FARmailbox@state.co.us](mailto:DPA_FARmailbox@state.co.us).

**Note:** Please do not include any information that is protected by law or regulations on this form or the Debt Detail Worksheet, use an identifier that is not Protected Health Information (PHI), Personally Identifiable Information (PII), or Federal Tax Information (FTI) if necessary.

The OSC will coordinate obtaining State Controller and Treasury approvals; departments do not need to send a separate submission to Treasury. If approved, the OSC will provide the signed form to the Department Controller.

## Request

Department Name:

Request Date:

Accounts Receivable Balance as of Request Date:

Allowance Balance as of Request Date:

Total Amount Requesting Forgiveness:

Reason for Requesting Forgiveness:

[illegible]

☐ Departments are required to complete the “Debt Detail Worksheet.” Please check the box to indicate that worksheet is included.

Department Controller Signature \_\_\_\_\_ Date \_\_\_\_\_

## Approval

Under Section 24-30-202.4, C.R.S., the State Controller, with consent of the State Treasurer, is authorized to forgive debt due to the State of Colorado.

If the State Controller or Treasurer has a conflict of interest with the debtor/debt forgiveness, the Deputy State Controller or Deputy Treasurer can approve the debt forgiveness request.

### State Controller or Deputy State Controller Debt Forgiveness Analysis

Fiscal Rule 10-1, 8.2, Criteria for Forgiveness:

1) The amount of the debt to be forgiven.	
2) The age and activity of the debt. Forgiveness consideration if the debt is 6 years or greater in age and there has been no payment activity, offset or any legal action on the account for 3 years.	
3) The information availability on the debt. Forgiveness consideration if information on the debtor is not available, such as full name, social security number or EIN, and address.	
4) The level of effort to collect. Forgiveness consideration if the State Agency demonstrated an attempt to collect the debt without success and the estimated cost of collection exceeds the amount of the debt.	

Conflict of Interest Review:

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State Controller or

Deputy State Controller Signature \_\_\_\_\_ Date \_\_\_\_\_

State Treasurer or

Deputy State Treasurer Signature \_\_\_\_\_ Date \_\_\_\_\_