

**BANKRUPTCY FAX TRANSMISSION (FOR USE BY  
THE KANSAS CITY REGION FOS ONLY)**

**DATE:** Thursday, February 22, 2007

**TO:**  
Assistant Regional Counsel  
OGC VII, Kansas City  
Fax Number: (816) 936-5963

**From:**  
Name:  
FO Code:  
Administrative Phone:  
Fax Number:  
FO Address:

**Information Requested by OGC:**

Claimant's Name:  
Claim Number (Title II):                      BIC:  
Social Security Number (if different):  
Title II Only:  Title XVI Only:  Concurrent:

Amount of Title II Overpayment:  
Date of Overpayment:  
PSC or Field Office of Jurisdiction:  
Location of the Folder:

Amount of Title XVI Overpayment:  
Date of Title XVI Overpayment:  
Include Parents' name and SSN if this is a child:  
Location of the Folder:

**Please attach a copy of the MBR/SSID along with a screen print of the  
DFBP (T2 only) input you made to stop recovery of the overpayment.**