

	<b>Agency Name</b>	Office of Family Support (OFS)			
	<b>Chapter No./Name</b>	16 - Fraud and Recovery Manual			
	<b>Part No./Name</b>	X. Recovery Accounts System (RAS) User Guide			
	<b>Section No./Name</b>	X-300 Instructions For Transactions			
	<b>Document No./Name</b>	X-380 Change Date of Demand			
	<b>Dates</b>	<b>Issue</b>	August 15, 2000	<b>Effective</b>	September 1, 2000

Form To Complete: RAF 2

Items To Complete:  
SSN

NAME

- |                      |  |
|----------------------|--|
| 1. PROGRAM CODE:     | Items 1-3 completed to identify claim. |
| 2. CLAIM TYPE:       |  |
| 3. DATE ESTABLISHED: |  |
| 4. DATE OF DEMAND:   | Enter new date of demand.              |
| 19. ADJUSTMENT CODE: | 99                                     |