

RUN DATE: XX/XX/XXXX
PAGE: XXX
REPORT DATE: XX/XX/XXXX
REPORT NO:FRD431R
NOTICE DATE: XX/XX/XXXX
YEARS

N.C.DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM

RETAIN:THREE

NC DEBT SETOFF 30 DAY NOTICE REPORT

COUNTY NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
INVESTIGATOR ID: XXXXX

NAME	PROGRAM	NOTICE	AMOUNT	MULTI	ADDRESS
day notice	SSN	INDIVID. ID	BALANCE	INTERCEPTD	COUNTY used for 30-
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Z,ZZZ,ZZZ.99	Z,ZZZ,ZZZ.99	Y
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	999999999	X	
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Z,ZZZ,ZZZ.99	Z,ZZZ,ZZZ.99	Y
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	999999999	X	
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Z,ZZZ,ZZZ.99	Z,ZZZ,ZZZ.99	Y
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	999999999	X	
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	Z,ZZZ,ZZZ.99	Z,ZZZ,ZZZ.99	Y
XXXXXXXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	999999999	X	
XXXXXXXXXXXXXXXXXX					
XXXXXXXXXXXXXXXXXX					