

Sensitive But Unclassified

Judgment Fund
Document Submission Cover Sheet

To: Judgment Fund

Fax #: 1(866)920-0879 or 1(866)814-1516

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From: _____

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***** Claims Information *****

Claim Submission Type: (Please Circle One) JFICS or Paper

Control #or Agency Reference #: _____

Case Name: _____

Claimant Last Name: _____

Claimant First Name: _____

Submitting Agency: _____

Amount: _____

Document Inventory: (Please Check the Appropriate Checkboxes)

- Judgment Fund Form 194
Judgment Fund Form 196
Judgment Fund Form 197
Administrative Settlement Agreement
Court Judgment or Settlement
Letter to Preserve Interest
Other (Please Specify) _____