

# Judgment Fund Transmittal

Date: \_\_\_\_\_

Department of the Treasury  
Financial Management Service  
Judgment Fund Branch  
3700 East-West Highway, Room 6E15  
Hyattsville, Maryland 20782  
Telephone: (202) 874-6664

Claimant/Plaintiff Name : \_\_\_\_\_

Address: \_\_\_\_\_

Claimant/Plaintiff Counsel's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Agency Subject to Claim : \_\_\_\_\_

E-mail Address (required for electronic payment confirmation): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Brief Description of Facts Giving Rise to Claim: \_\_\_\_\_

\_\_\_\_\_

**Check one if applicable:**

Contract Disputes Act

No FEAR Act

Firefighters Fund

Dear Sir or Madam:

I am an authorized representative of the United States in the above-captioned matter. As described in the enclosed documentation, I certify that all pertinent criteria required by law for the approval of this claim has been satisfied. If this is an administrative claim, the settlement was made with the United States in this matter and any portions of the agreement required to be paid from agency funds will be or have been paid from those funds. If this is a litigative claim, the award made in the enclosed judgment or settlement is payable by the United States and any portions of the award required to be paid from other parties or sources will be or have been paid from those parties or sources. The United States will not seek further judicial review of this award and I have obtained all approvals necessary for its referral for payment.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of **FMS Form 196: Judgment Fund Award Data Sheet**, **FMS Form 197: Judgment Fund Voucher for Payment**, the judgment or settlement agreement; and any other enclosures required by FMS. Unless payment by electronic funds transfer is indicated, please have the check sent to the check address provided on **FMS Form 197**.

\_\_\_\_\_  
Submitting Agency Authorized Signature

\_\_\_\_\_  
Name and Title (*print or type*)

\_\_\_\_\_  
Submitting Agency E-mail Address (*required for electronic payment confirmation*)

\_\_\_\_\_  
Agency File Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

**General Instructions:** Use this form, FMS 194, to transmit a request to certify an administrative or litigative award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304.

**Enclosures:** **FMS Form 196** and **FMS Form 197**. *Incomplete submissions will be returned to the submitter without action.*