

NOTE: The CCLR Instructions have not been updated to reflect the new Code of Federal Regulations citations to the Federal Claims Collection Standards (FCCS). The FCCS now appear at 31 CFR Parts 900-904. A comparison of the old FCCS to the current FCCS may be found on the FMS web site at www.fms.treas.gov/debt.”

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INSTRUCTIONS FOR COMPLETING CLAIMS COLLECTION LITIGATION REPORT (CCLR)

Section 105.2 of the Federal Claims Collection Standards, 4 CFR 101-105, requires that all claims referred to the Department of Justice (*DOJ*) or U.S. Attorneys' Offices (*USAO*) be accompanied by a CCLR. By referring this claim you certify that your agency has complied with the appropriate collection requirements of 4 CFR 101-104. All applicable sections of this CCLR **MUST** be completed. **INCOMPLETE CCLR_s WILL BE RETURNED.** This CCLR package **MUST** contain **AT LEAST** the items listed in BLOCK 59 of this form.

SPECIFIC INSTRUCTIONS

These instructions are keyed to the numbered blocks on the CCLR. Agencies forwarding claims should fill in blocks 1-58, as appropriate, blocks 60 and 61, and block 67. If the primary debtor is an individual, it may not be necessary to furnish the information called for in blocks 26-33. Conversely, if the debtor is a company you may skip blocks 16-25. If this is a foreclosure case, you must also fill in blocks 46-50.

DOJ/USAO personnel who receive claims should fill in blocks 62-66 and mail the "Acknowledgment Form" back to the referring agency.

THE CLAIM AT A GLANCE

1. Agency Claim No.: Insert the number your agency uses to identify this claim here, at the top of each page of this CCLR. and in block 61 on page 7 of this CCLR.
2. Date: Insert date you send this CCLR to DOJ or to DOJ's Central Intake Facility (CIF).
3. To: Insert name and complete mailing address of the USAO in whose district the debtor resides (or in a foreclosure case, the district in which the property is located), or the DOJ Division to which you are referring this claim. (*SEE CCLR MAILING DIRECTIONS ON "PAGE 6" OF THESE INSTRUCTIONS.*)

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4. From: Insert name and complete mailing address of the agency office referring the claim.
5. Debtor's Name & Address: Insert first, middle, and last name, and full address, of the primary individual debtor, or the full name and address of a company debtor here. But, if this is a foreclosure case, insert the address of the property to be foreclosed on here, and the debtor's address, if different, in block 46. If property to be foreclosed on has no street address, be sure to give directions to property in block 58 or on a CCLR Supplementary Data Sheet.
6. Debtor's SSN/EIN: If an individual is liable for the debt, insert the individual's Social Security Number (SSN) here. If a company is liable for the debt, insert the company's Employer Identification Number (EIN). If both an individual and a company are liable for the debt, insert both the individual's SSN and the company's EIN.
7. Default Date: Insert date the debtor originally defaulted on the loan, note, or other obligation, unless the debtor later "cured" that default. In such a case, insert date of the last "uncured" default which resulted in this claim being referred for litigation.
8. SOL Expiration Date: Insert date you believe the Statute of Limitations (SOL) for filing suit on this claim will expire.
9. Basis for SOL Expiration Date: Insert the basis of your calculation of the SOL expiration date; i.e., date of last voluntary payment (involuntary payments such as IRS tax refund offsets do not count), written acknowledgment of the debt, first demand, date lender or guarantor assigned this claim to your agency, etc.
10. Referred for: Insert "X" in appropriate box to indicate what you want *DO J/USA* to do with this claim. If referred for *DOJ* concurrence only, insert "X" in appropriate box to show whether concurrence sought for compromise, suspension, or termination. NOTE: IN ADDITION TO ANY OTHER BOX YOU CHECK IN BLOCK 10, IF DEBTOR HAS ALREADY FILED A PETITION IN BANKRUPTCY, INSERT "X" IN BOX 10a AND FOLLOW INSTRUCTIONS FOR 10a SET FORTH BELOW.

Enforced Collection: Means you want *DO* to get a judgment against the debtor and pursue all available post-judgment remedies (wage garnishment, liens filed against property, etc.) Required data: Blocks 1-15; 16-25 or 26-33; 34-45, if applicable; 51-56; 57-58, if applicable; 60-61; and 67.

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Judgment Lien Only: Means you only want *DOJ* to get a judgment against the debtor, record the judgment as a lien against debtor's property, and return it to you for surveillance, IRS refund offset, etc. *DOJ* will not pursue any post-judgment collection remedies in these cases. Required data: Blocks 1- 15; 16-20; 24-25 or 26-33, as appropriate; 34-45, if applicable; 60-61; and 67.

Renew Judgment Lien Only: Means that you already have a judgment against the debtor for this claim but the judgment lien is about to expire and all you want *DOJ* to do is to renew the lien and return it to you. Required data: Blocks 1-15; 16-17 or 26-27, as appropriate; 60-61; and 67.

Renew Judgment Lien and Enforce Collection: Means that your judgment lien is about to expire and you want it renewed, and, you have now found some debtor assets which you want *DOJ* to pursue collection of the renewed lien. Required data: Blocks 1-15; 16-25 or 26-33; 34-45, if applicable; 51-56; 57-58, if applicable; 60-61; and 67.

Program Enforcement: Means you are referring a claim for less than the minimal referral amount in 4 CAR 105.4, but you want *DOJ* to collect it because it is important to the enforcement of some agency program. Required data: Blocks 1-15; 16-25 or 26-33; 34-45, if applicable; 51-56; 57-58, if applicable; 60-61; and 67.

Foreclosure Only: Means you want *DOJ* to foreclose on the debtor's real estate and/or other property which is collateral for the loan which is now in default. You do not, however, want *DOJ* to try to get a deficiency judgment against the debtor if the amount recovered from the sale of the property is less than the amount of your claim. Required data: Blocks 1-15; 34-45, if applicable; 46-50; 54-56; 57-58, if applicable; 60-61; and 67.

Foreclosure & Deficiency Judgment: Means you want *DOJ* to foreclose on property which is collateral for the loan and get a deficiency judgment against the debtor if the proceeds from the foreclosure are less than the total amount of your claim against the debtor. Required data: Blocks 1-15; 16-25 or 26- 33; 34-45, if applicable; 46-50; 51-56; 57-58, if applicable; 60-61; and 67.

DOJ concurrence for Compromise, Suspension or Termination: Means you only want *DO* to concur with your proposed action on the claim. Required data: Blocks 1-15; 16-25 or 26-33; 34-45, if applicable; 51-56; 57-58, if applicable; 60-61; and 67.

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- 10a. Debtor in Bankruptcy: Insert "X" here if you have received an "ORDER FOR MEETING OF CREDITORS," or any other notice that debtor has filed a bankruptcy petition. THEN INSERT AN "X" IN THE APPROPRIATE BOX TO INDICATE CHAPTER 7, 11, 12, OR 13. In such cases, if you have not already filed your "Proof of Claim" with the Bankruptcy Court, you may use the attached form (BOP 10) to do so. Checking this box now means you want DO J/USA to seek relief from the automatic stay, or take other appropriate action in the bankruptcy proceedings, to further protect your interests.

Attach to this CCLR a copy of the notice you got from the Bankruptcy Court and a copy of the "Proof of Claim" you filed. Required data: Blocks 1-15; 16-25 or 33, as appropriate; 34-45, if applicable; 46- 50, if applicable; 51-56; 60-61; and 67.

11. Amount or Claim: Insert figures called for in spaces (a)-(d) and total them in space (e). Also, insert date through which you calculated the interest due in the second line of space (b).
12. Annual Rate or Interest: Insert annual rate of interest applicable to this claim. If you have the daily rate at which interest accrues on this claim prior to judgment, also furnish that rate in Block 58 or on a CCLR Supplementary Data Sheet.
13. Compromise Amount: Insert minimum dollar amount, or percentage of the total amount of this claim, you will accept to compromise or settle it.
14. Basis or Claim: Insert "X" in appropriate box to indicate whether this claim is evidenced by a note, guaranty, or some other written obligation, and, if not, cite law or regulation giving rise to the claim.
15. Agency Contact: Insert the name and FTS and Commercial phone numbers of the person at your agency the DO /USA person assigned to the claim should contact if questions arise about it. THIS MUST BE SOMEONE KNOWLEDGEABLE ABOUT THIS CLAIM!

THE INDIVIDUAL DEBTOR

16. Debtor's Name: Insert primary individual debtor's full name. (Note: If the primary debtor is married but his or her spouse is not a co-debtor, guarantor, or co-signer, use a CCLR Supplementary Data Sheet to furnish the data called for in blocks 16-25 on the debtor's spouse, in addition to the data you furnish on the primary individual debtor.

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17. A.K.A. (Also Known As): Insert any other name(s) debtor known to have used, including maiden name if applicable, and the name debtor used on the note or loan application involved in this claim if different from debtor's name in blocks 5 and 16.
18. Date of Birth: Insert debtor's date of birth.
19. Home Phone No.: Insert debtor's home phone number, including the area code.
20. Employer: Insert full name and address of debtor's employer. Don't forget part-time jobs, if debtor "moonlights."
21. Debtor's Job Title: Insert debtor's job title/description.
22. Work Phone: Insert debtor's work phone number, including the area code.
23. Salary: Insert debtor's salary, indicate whether gross or net, and how often paid.
24. Service Site: Insert "X" to indicate where Marshal can serve summons and complaint on debtor personally. If other than home or work addresses above, specify where.
25. Verified By: Insert name of person who verified the data above, the date verified, and how verified.

THE COMPANY DEBTOR

26. Name: Insert full name of company debtor.
27. Address: Insert company debtor's complete address.
28. D.B.A.: Insert any other name company debtor may use such as "Doing Business As."
29. Phone: Insert company debtor's phone number, including the area code.
30. Type of Business: Insert the form of debtor's business, such as, corporation, sole proprietorship, partnership, etc. If partnership, use CCLR Supplementary Data Sheet to list names and addresses of all partners.
31. Date and State of Incorporation: If debtor is a corporation, insert date incorporated and state of incorporation.

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32. Service Agent: Insert name, phone number, and address of agent authorized to accept service of summons and complaint for debtor, if applicable.
33. Verification: Insert data called for on person who verified above data on company debtor. It is particularly important to verify that a company debtor is still in business.

CO-DEBTOR(S) / GUARANTOR(S) / CO-SIGNER(S)

34. Name(s): Insert full name(s) of any co-debtor(s), guarantor(s), and/or co-signer(s) who may also be liable for this debt if you want DO /USA to try to collect all or part of it from them. NOTE: If the debtor is married but his or her spouse is not a co-debtor, guarantor, or co-signer, use a CCLR Supplementary Data Sheet to provide the data on the spouse as requested in Instruction #16 above.
35. SSN/IN: Insert Social Security Number(s) or Employer Identification Number(s) of any co-debtor(s), guarantor(s), and/or co-signer(s).
36. A.K.A. (Also Known As): Insert any other names used by co-debtor(s), guarantor(s), and/or co-signer(s).
37. Date or Birth: Insert birth date(s) of any co-debtor(s), guarantor(s), and/or co-signer(s).
38. Home Address & Phone No.: Insert complete home address(es) and phone number(s) of any co-debtor(s), guarantor(s), and/or co-signer(s).
39. Employer: Insert full name(s) and address(es) of any employer(s) of co-debtor(s), guarantor(s), and/or co-signer(s).
40. Work Phone No.: Insert work phone number(s), including area code(s), for any co-debtor(s), guarantor(s), and/or co-signer(s).
41. Job Title: Insert job title/description of any co-debtor(s), guarantor(s), and/or co-signer(s).
42. Salary: Insert salary of any co-debtor(s), guarantor(s), and/or co-signer(s), indicate whether gross or net, and how often paid.
43. Service Site: Insert "X" to indicate where Marshal can serve co-debtor(s), guarantor(s), and/or co-signer(s) personally. If other than home or work address(es) provided, specify where.
44. Basis of Liability: Insert facts giving rise to any co-debtor's, guarantor's, and/or co-signer's liability for this debt, including any family relationship to the primary debtor.

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45. Verified By: Insert name of per SSN who verified data on co-debtor(s), guarantor(s), and/or co-signer(s), the date verified, and how verified.

FORECLOSURES

46. Debtor's Address: Insert debtor's complete address if different from the property address in Block 5.
47. Mortgage Recording Information: Insert county in which mortgage recorded, date of recording, and the Liber (book or volume) and folio (page number) of the recording.
48. Property Occupancy: Check "yes" or "no" to questions about the current occupancy of the property. If property occupied (even if by a tenant), occupant's name(s) are necessary to institute foreclosure proceedings. If necessary, use CCLR Supplementary Data Sheet to furnish occupancy status.
49. Chattels: If chattels (any property except real estate, such as cars, boats, farm equipment, etc.) are to be recovered in the foreclosure, list them in the space provided or use CCLR Supplementary Data Sheets if necessary. Be sure to specify what county or counties in which any such chattels are located.
50. Other Federal Liens: Insert here the names of any other Federal agencies which also have liens or claims against the same property which is collateral for the debt owed your agency.

DEBTOR'S ABILITY TO PAY

51. Debtor Property: Insert data on any real estate or other property, such as cars, boats, etc., the debtor(s) and/or co-debtor's, etc., own or are buying. DO/USA need data on property against which liens can be rued to enforce collection of this claim. Include data on the value of the property, the county or counties in which it is located, any other liens, and what equity is available to satisfy this claim.
52. Assets: Insert data on any debtor assets in which the Government has a secured interest which may be sold to pay this claim.
53. Other Assets: Insert data on any other assets the Government might be able to attach to pay this claim, such as bank or credit union addresses and account numbers, etc. This data may be obtained from any checks your agency may have received from the debtor .

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AGENCY CLAIM HISTORY

54. Last Demand Date: Insert date of last demand on debtor to pay this claim and summary of the debtor's response to that demand.
55. Compromise: Insert details of any compromise or settlement offers made by, or to, the debtor and any responses to them.
56. Collection Actions Taken: Insert data on actions taken by your agency to collect this claim up to this point.

ADDITIONAL INFORMATION

57. HAS Loans: Insert data on medical and/or other professional memberships, etc., which might help locate the debtor.
58. Additional Comments: Insert any additional comments or information which might help locate the debtor and collect this claim. Use CCLR Supplemental Data Sheet(s) if required.
59. Check List: Check appropriate spaces to ensure that this CCLR package is complete.

CCLR MAILING INSTRUCTIONS

After you have completed this CCLR, and the debt for litigation in the TOTAL PRINCIPAL DUE, Block 11a, is **\$1,000,000 or more**, mail this CCLR to:

**COMMERCIAL LITIGATION BRANCH Civil Division
U.S. Department of Justice P.O. Box 875
Ben Franklin Station
Washington, DC 20044**

After you have completed this CCLR, and the debt for litigation in the TOTAL PRINCIPAL DUE, Block 11a, is **less than \$1,000,000**, mail this CCLR to:

**U.S. Department of Justice
Nationwide Central Intake Facility
1110 Bonifant Street, Suite 220
Silver Spring, MD 20910**

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60. Debtor's Name: Insert debtor's full name in this block on the "ACKNOWLEDGMENT FORM."
61. Agency Claim No.: Insert the number your agency uses to identify this claim.
67. Agency Address: Referring agency should insert its address in this space so that it will show through the window of a window envelope when folded along the lines indicated.

(TO BE COMPLETED BY THE PERSON AT DOJ/USA WHO RECEIVES THE CLAIM)

62. DOJ/USA Number: Insert the DOJ/USA number used to identify this claim.
63. Receipt Date: Insert date this claim was received at DOJ/USA.
64. Recipient's Name: Print name of DOJ /USA perSSN who actually received this claim.
65. Contact: Print name and phone number of DOJ/USA person the agency should contact if questions arise about this claim.
66. DOJ/USA RETURN ADDRESS: The person at DOJ/USA who receives this claim should insert the receiving office's return address in this space so that it shows through the upper window of an envelope with two windows. Then, detach the last page of this CCLR (PAGE 7 of 7), fold it along the lines indicated, insert the entire page into a window envelope so that the agency's address in Block #67 will show through the window of the envelope, and mail the ACKNOWLEDGMENT back to the referring agency.
67. Agency Address: If the referring agency forgot to insert its address here, DOJ /USA person acknowledging this claim should insert referring agency's address in this space so that it will show through the lower window of a two (2) window envelope.

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CLAIMS COLLECTION LITIGATION REPORT (CCLR)		Page 1 of 7
1. Agency Claim No. _____	2. Date: _____	
THE CLAIM AT A GLANCE		
3. To: (Use Complete Address) 	4. From: (Use Complete Address) Agency/Sub-Agency 	
5. Debtor's Name & Address:* _____ _____ _____		
*(If a FORECLOSURE, Insert address of property here so claim will be referred to USA where property is located.)		
6. Debtor's SSN/EIN: _____	7. Default Date: _____	
8. SOL Expiration Date: _____	9. Basis for SOL Expiration Date: _____	
10. <u>Referred for:</u> <input type="checkbox"/> Enforced Collection <input type="checkbox"/> Judgment Lien Only <input type="checkbox"/> Renew Judgment Lien Only <input type="checkbox"/> Renew Judgment Lien & Enforce Collection <input type="checkbox"/> Program Enforcement <input type="checkbox"/> Foreclosure Only <input type="checkbox"/> Foreclosure & Deficiency Judgment <input type="checkbox"/> File Proof of Claim Only Comments – <input type="checkbox"/> Other – real property lien <u>DO Concurrence for:</u> <input type="checkbox"/> Compromise (4 CAR 103) <input type="checkbox"/> Suspension (4 CAR 104) <input type="checkbox"/> Termination (4 CAR 105)	11. <u>Amount of Claim:</u> a. Total Principle Due _____ Total Interest Due _____ Interest Through Date _____ c. Total Administrative Charges Due _____ d. Total Penalty Charges Due _____ e. Total Amount of Claim _____ An Annual Rate 12. Of Interest _____	
10a. DEBTOR IN BANKRUPTCY: Chapter: 7 11 12 13 Unknown <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	13. Compromise Amount _____ or % _____	
14. Basis of Claim: <input type="checkbox"/> Claim evidenced by note, guaranty, or surety obligation: OR <input type="checkbox"/> Claim not evidenced by note but by the following statute or regulation	15: Agency Contact: Name: Phone No.:	

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Agency Claim No. _____		
THE INDIVIDUAL DEBTOR		
16. Debtor's Full Name:	17. A.K.A.:	
18. Date of Birth:	19. Home Phone No. (Include Area Code):	
20. Employer's Name and Address:	21. Debtor's Job Title:	
	22. Work Phone No. (Include Area Code):	
	23. Debtor's Salary: \$ _____ <input type="checkbox"/> Gross <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Net <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	
24. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) <input type="checkbox"/> Home <input type="checkbox"/> Work Other (Specify): _____ _____ _____ _____	25. Name of person who verified above data, date verified, and how verified: _____ _____ _____ _____ _____	
THE COMPANY DEBTOR		
Note: If this claim is to collect a debt owed by an entity other than an individual person, such as a company, partnership, corporation, etc., additional information will be required. In such cases, insert the data called for in blocks 26-33 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.		
26. Debtor's Full Name	27. Debtor's Address:	
28. D.B.A.:	29. Phone No. (Include Area Code)	
30. Type of Business:	31. Date of State of Incorporation:	

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Agency Claim No. _____		
32. Name, Address & Phone Number (Include Area Code) of Servant Agent:	33. Name of person who verified above company debtor data, date verified, and how verified.	
CO-DEBTOR(S)/GUARANTOR(S)/CO-SIGNER(S)		
34. Full Name (s):	35. SSN/EIN:	
36. A.K.A.:	37. Date of Birth:	
38. Home Address/Business & Phone No. (Include Area Code)	39. Employer's Name & Address:	
40. Work Phone No. (Include Area Code)	43. Best place for Marshal to serve process by personal delivery: (Do NOT give P.O. Box) <input type="checkbox"/> Home <input type="checkbox"/> Work Other (Specify): _____ _____ _____ _____ _____	
41. Co-Debtor's Job Title:	45. Name of person who verified above data on co-debtor(s)/guarantor(s)/co-signer(s), date verified, and how verified: _____ _____ _____ _____	
42. Salary: \$ _____ <input type="checkbox"/> Gross <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Net <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually		
44. Basis of Liability:	45. Name of person who verified above data on co-debtor(s)/guarantor(s)/co-signer(s), date verified, and how verified: _____ _____ _____ _____	

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Agency Claim No. _____		
FORECLOSURES		
<p style="text-align: center;">Note: If this claim is referred for foreclosure only or foreclosure and a deficiency judgment, the following additional data will be required. In such cases, insert the date called for in blocks 46-50 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.</p>		
46. Debtor's Address:	47. Mortgage Recording Information:	
	County _____ Date of Recording _____ Volume (Liber). Page Number (Folio).	
48. Property Occupancy:	49. If recovery of chattels is included in the foreclosure, list that chattels here and provide more detailed information on the CCLR Supplementary Data Sheet:	
Debtor's Reside on Property: Yes [] No [] Property is Abandoned: Yes [] No [] Property is occupied by tenant: Yes [] No []		
50. List other Federal liens against property:		
DEBTOR'S ABILITY TO PAY		
51. The debtor/co-debtor owns or is buying the following real estate or other property (cars, boats etc.):	52. Assets in which the Government has been secured interest:	
53. Other Assets: (saving/checking accounts, provide bank and/or credit union names(s) and address(s) and account numbers(s)' deceased debtor's estate, provide administrator/executor information; other sources of income):		
NAME OF BANK	ACCOUNT NUMBER	ACCOUNT TYPE

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<u>Agency Claim No.</u>		
54. Date of last demand for payment to debtor and summary of debtor's response:	55. Details of any compromise settlement offers made by, or to, the debtor and any responses thereto:	
56. Summary of collection actions taken by agency:		
ADDITIONAL INFORMATION		
57. For HHS loans: Medical or other professional association locator data:	58. Additional agency comments:	
59. <u>AGENCY CHECK LIST</u> : CCLR package must contain: <input type="checkbox"/> CCLR <input type="checkbox"/> Certificate of Indebtedness <input type="checkbox"/> Credit Report <input type="checkbox"/> Payment History, if any <input type="checkbox"/> Original Notes or Other Evidence of Debt, Including Assignments, If Any <input type="checkbox"/> Summary of Collection Actions Taken by Agency <u>Debtor in Bankruptcy:</u> <input type="checkbox"/> Proof of Claim, or Copy Thereof, Attached	<u>For Foreclosures:</u> <input type="checkbox"/> CCLR <input type="checkbox"/> Credit Report <input type="checkbox"/> Original Promissory Note <input type="checkbox"/> Original Real Estate Mortgage <input type="checkbox"/> Original Statement of Account/Affidavit of Amount Due <input type="checkbox"/> Title Evident, If Available <input type="checkbox"/> Directions to Property If No Street Address Available <input type="checkbox"/> Chattel Lien Searches If Chattels Involved	

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Agency Claim No.

CCLR SUPPLEMENTARY DATA SHEET

Use this sheet to provide any additional information that might help locate those from whom the claim might be collected and any assets that might be available to satisfy a judgment in favor of the United States. Please indicated the number(s) of the block(s) on the CCLR that any additional data is intended to supplement.

Claims Collection Litigation Report and Instructions

(CCLR)

Agency Claim No. _____

ACKNOWLEDGMENT FORM

(FOLD HERE)

DOJ/USA ACKNOWLEDGMENT TO AGENCY

60. Debtor's Full Name: _____

61. Agency Claim No.: _____

62. DOJ/USA Number: _____

63. Received at DOJ/USA on: _____

64. Received at DOJ/USA by: _____
(Print Name)

65. Questions?
Contact: _____
(Print Name & Phone Number (Include Area Code) of DOJ/USA Contact)

(FOLD HERE)

66.

67.

Please Note: Put the Agency Address and Contact Person Here: