

UNITED STATES DEPARTMENT OF AGRICULTURE
FARMERS HOME ADMINISTRATION
REQUEST FOR LEGAL ACTION

Case No. _____

Form FmHA 455-1 (Rev. 2-87)

1. Name of Borrower _____ (Date) _____

2. (A) Current Post-Office Address _____

(B) Country and State of Residence _____

3. Action Recommended _____

4. Status of Accounts Owed FmHA As Of _____	Loan Code	Unpaid Interest	Unpaid Principal	Delinquent Principal
		\$	\$	\$
Total		\$	\$	\$

5. Balance in Supervised Bank Account \$ _____
Was this balance refunded on Borrower's Account before referral to office of the General Counsel? Yes No

6. Farmers Home Administration Security Instruments on Which Recommended Action is Based:

Mortgages For Example RA, FSA, FmHA, ECFL, RR, Corp.	Type of Instrument For Example, Deed of Trust, Chattel or Crop Mortgage	Date Executed	Recorded		
			Date	Where Filed or Recorded	Book and Page File and Document No.

7. Personal Property Covered by the Government's Mortgage(s) Listed in "6" Above:

A. Currently Owned by the Borrower:				Date Information Obtained	
Quantity	Description**	Date of Mortgage	Current Market Value	Name of Person In Possession	Post-Office Address (Include ZIP Code)
			\$		

*PER LAST STATEMENT OF ACCOUNT, LESS PAYMENTS.
**IF INCREASE OR AFTER-ACQUIRED PROPERTY, INDICATED BY "I" OR "A" RESPECTIVELY.

- Used by County Supervisor to report to the State Office all cases involving:
- (1) The need to repossess mortgaged property, or to otherwise effect collections by court action;
 - (2) claims against third parties arising out of their having purchased property mortgaged to the Farmers Home Administration or some other action;
 - (3) borrowers who fail to make payments due on their debts in accordance with their reasonable ability to pay and who have assets or income from which collection can be made;
 - (4) the FmHA or its security property in court action through foreclosure by a third party lien holder or some other action;
 - (5) apparent violations of Federal Criminal Statutes; or
 - (6) any other instances which indicate that court action may be necessary to protect the Government's interest.

(see reverse)

- PROCEDURE FOR PREPARATION : FmHA Instruction 1962-A.
- PREPARED BY : County Supervisor.
- NUMBER OF COPIES : Original and three copies.
- SIGNATURES REQUIRED : Original by County Supervisor; copies signed or conformed.
- DISTRIBUTION OF COPIES : Original and two copies to State Office. Original and one copy to the Office of the General Counsel. *(If additional copies are required by the OGC, State Offices will provide copies by photocopying process).* Copy retained in County Office.

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7. (Cont.)

B. Converted Property (Covered in More Detail on Form FmHA 455-2):

Quantity	Description*	Date of Mortgage

C. Property Unaccounted For:

Quantity	Description*	Date of Mortgage	Estimated Value	Action Taken to Determine Disposition of the Property
			\$	

8. All Assets (Other Than Household Effects and Real Estate) Owned by the Borrower and not Covered by the Government's Liens—Include Livestock, Tractors, Equipment, Automobiles, Trucks, Bank Accounts, Bonds, Etc. (Attach Sheet if Needed) Date Information Obtained

Quantity	Description	Current Market Value	If Subject to Lien		
			Unpaid Balance	Final Due Date	Lienholder and Address
		\$	\$		

9. Real Property Owned by Borrower, Both Rural and Urban. Designate Homestead by "H".

Quantity	Description	Current Market Value	If Subject to Lien		
			Unpaid Balance	Final Due Date	Lienholder and Address
		\$			

*INCREASE OR AFTER-ACQUIRED PROPERTY, INDICATE BY "I" OR "A" RESPECTIVELY.

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10. Age of Borrower		Health of Borrower		Marital Status	
Age of Dependents		Health of Dependents		Number in Family at Home	
11. If Farming:		<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Sharecropper		Number of Acres in Farm	
12. Off-Farm Employment:		Name and Address of Employer			
13. Estimated Income		Crop Income	Other Farm Income	Off-Farm Income	Total
Livestock and Livestock Products		\$	\$	\$	\$
14. Estimated Expenses:		Farm Operating			
Family Living		\$			

15. If the Borrower Owes Farmers Home Administration Any Accounts on Which Action is Not Recommended by This Form, List and Indicate Servicing Action to be Taken.

16. Is Borrower in Military of United States?		If "Yes," Give (Serial No.)		(Military Unit)	
<input type="checkbox"/> Yes <input type="checkbox"/> No					

17. Additional Facts and Justification For Action Recommended

18. _____

_____ County Supervisor

_____ Post-Office Address (Include ZIP Code)

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19. State Office Comments and Recommendations

20. _____ (Date) Signed _____

21. List Enclosures (When Foreclosure Action is Recommended. Attach Appropriate Lien Search Reports)