

UNITED STATES DEPARTMENT OF AGRICULTURE
Rural Development and Farm Service Agency

Case No.

REQUEST FOR LEGAL ACTION

1. Name of Borrower	(Date) _____ *																															
2. (A) Current Post-Office Address	4. Status of Accounts Owed As Of																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Loan Code</th> <th style="width: 20%;">Unpaid Interest</th> <th style="width: 20%;">Unpaid Principal</th> <th style="width: 20%;">Delinquent Principal</th> </tr> <tr> <td></td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td colspan="4">(B) County and State of Residence</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Total</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </table>	Loan Code	Unpaid Interest	Unpaid Principal	Delinquent Principal		\$	\$	\$	(B) County and State of Residence																				Total	\$	\$
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	\$	\$	\$																													
(B) County and State of Residence																																
Total	\$	\$	\$																													
3. Action Recommended																																
5. Balance in Supervised Bank Account \$ _____	Was this balance refunded on Borrower's Account before referral to office of the General Counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No																															

6. Security Instruments on Which Recommended Action is Based:					
Mortgagee RA, FSA 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

7. (Cont.)

B. Converted Property (Covered in More Detail on Form RD 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.

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:	Occupation	Name and Address of Employer			
13. Estimated Income	Livestock and Livestock Products \$	Crop Income \$	Other Farm Income \$	Off-Farm Income \$	Total \$
14. Estimated Expenses:	Family Living \$	Farm Operating \$			

15. If the Borrower Owes the Agency 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," Give (Serial No.)	(Military Unit)
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17. Additional Facts and Justification For Action Recommended

18. _____

County Supervisor

Post-Office Address (Include ZIP Code)

19. State Office Comments and Recommendations

20. _____
(Date)

Signed _____

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