

CLAIMS COLLECTION LITIGATION REPORT (CCLR)

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 USAO where property is located.)

6. Debtor's SSN / EIN: \_\_\_\_\_ 7. Default Date: \_\_\_\_\_

8. SOL Expiration Date \_\_\_\_\_ 9. Basis for SOL Expiration Date: \_\_\_\_\_

10. **Referred for:**  
 Enforced Collection  
 Judgment Lien Only  
 Renew Judgment Lien Only  
 Renew Judgment Lien &  
 Enforce Collection  
 Program Enforcement  
 Foreclosure Only  
 Foreclosure & Deficiency Judgment  
 File Proof of Claim Only  
 Comments -  
 Other - real property lien  
**DOJ Concurrence for:**  
 Compromise (4 CFR 103)  
 Suspension (4 CFR 104)  
 Termination (4 CFR 105)

10a. **DEBTOR IN BANKRUPTCY:**  
 Chapter: 7 11 12 13 Unknown

11. **Amount of Claim:**  
 a. Total Principal Due \_\_\_\_\_  
 Total Interest Due \_\_\_\_\_  
 Interest Through Date \_\_\_\_\_  
 c. Total Administrative  
 Charges Due \_\_\_\_\_  
 d. Total Penalty  
 Charges Due \_\_\_\_\_  
 e. Total Amount  
 of Claim \_\_\_\_\_

12. Annual Rate  
 of Interest \_\_\_\_\_

13. Compromise Amount  
 or % \_\_\_\_\_

14. Basis of Claim:  
 Claim evidenced by note, guaranty, or surety obligation:  
 OR  
 Claim not evidenced by note but by the following statute  
 or regulation;

15. Agency Contact:  
 Name: .....  
 Phone No.: .....  
 (FTS and Commercial)

(CCLR)

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: \$ _____  <table border="0"> <tr> <td>Gross</td> <td>Weekly</td> <td>Monthly</td> </tr> <tr> <td>Net</td> <td>Biweekly</td> <td>Annually</td> </tr> </table>	Gross	Weekly	Monthly	Net	Biweekly
Gross	Weekly	Monthly				
Net	Biweekly	Annually				
24. Best place for Marshal to serve process by personal delivery: (Do <u>NOT</u> give P.O. Box) Home Work Other (Specify):	25. Name of person who verified above data, date verified, and how verified:					

**THE COMPANY DEBTOR**

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 & State of Incorporation:

(CCLR)

Agency Claim No. \_\_\_\_\_

32. Name, Address & Phone Number (Include Area Code) of Service 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) Home Work  
Other (Specify):

41. Co-Debtor's Job Title:

42. Salary: \$ \_\_\_\_\_

Gross	Weekly	Monthly
Net	Biweekly	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:

(CCLR)

Agency Claim No. \_\_\_\_\_

**FORECLOSURES**

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.

46. Debtor's Address:

47. Mortgage Recording Information:  
 County \_\_\_\_\_  
 Date of Recording \_\_\_\_\_  
 Volume (Liber) .....  
 Page Number (Folio) .....

48. Property Occupancy:

Debtor Resides on Property:      Yes      No

Property is Abandoned:            Yes      No

Property is occupied by tenant:    Yes      No

49. If recovery of chattels is included in the foreclosure, list the chattels here and provide more detailed information on the CCLR Supplementary Data Sheet:

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 a secured interest:

53. Other Assets: (savings/checking accounts, provide bank and/or credit union name(s) and address(s) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income):

NAME OF BANK	ACCOUNT NUMBER	ACCOUNT TYPE

(CCLR)

Agency Claim No. \_\_\_\_\_

**AGENCY CLAIM HISTORY**

54. Date of last demand for payment to debtor and summary of debtor's response:

55. Details of any compromise or 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. **AGENCY CHECK LIST:** CCLR package must contain:

**In General:**

- | CCLR
- | Certificate of Indebtedness
- | Credit Report
- | Payment History, if any
- | Original Notes or Other Evidence of Debt, Including Assignments, If Any
- | Summary of Collection Actions Taken by Agency

**Debtor in Bankruptcy:**

- | Proof of Claim, or Copy Thereof, Attached

**For Foreclosures:**

- | CCLR
- | Credit Report
- | Original Promissory Note
- | Original Real Estate Mortgage
- | Original Statement of Account/Affidavit of Amount Due
- | Title Evidence, If Available
- | Directions to Property If No Street Address Available
- | Chattel Lien Searches If Chattels Involved

(CCLR)

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 indicate the number(s) of the block(s) on the CCLR that any additional data is intended to supplement.**

(CCLR)

Agency Claim No. \_\_\_\_\_

**ACKNOWLEDGMENT FORM**

-----**(FOLD HERE)**-----

**DOJ/USAO ACKNOWLEDGMENT TO AGENCY**

60. Debtor's Full Name: \_\_\_\_\_

61. Agency Claim No.: \_\_\_\_\_

62. DOJ/USAO Number: \_\_\_\_\_

63. Received at DOJ/USAO on: \_\_\_\_\_

64. Received at DOJ/USAO by: \_\_\_\_\_  
(Print Name)

65. Questions?

Contact: \_\_\_\_\_  
(Print Name & Phone Number (Include Area Code) of DOJ/USAO Contact)

-----**(FOLD HERE)**-----

66. DOJ/USAO Return Address:

67. Agency Address