

**Forest Service Handbook  
National Headquarters - Washington Office  
Washington, DC**

**Forest Service Handbook 6509.11h – Service-Wide Claims Management Handbook  
Chapter 20 - Administrative Claims for the Government**

**Amendment:** 6509.11h-1992-1

**Effective date:** September 04, 1992

**Duration:** This amendment is effective until superseded or removed. **Approved by:**

**Date approved:**

**Responsible Staff:**

**Last Change:**

**Superseded Document(s):**

**Digest:**

## 29 - Exhibit 13

<b>CLAIMS COLLECTION LITIGATION REPORT (CCLR)</b> <i>(SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)</i>		Page 1 of 7
1. Agency Claim No. _____		2. Date _____
<b>THE CLAIM AT A GLANCE</b>		
3. To: (Use Complete Address) _____  _____  _____	4. From: (Use Complete Address) _____  _____  _____	
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: <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"/> DOJ Concurrence for: <input type="checkbox"/> Compromise (4 CFR 103) <input type="checkbox"/> Suspension (4 CFR 104) <input type="checkbox"/> Termination (4 CFR 104)	11. Amount of Claim: a. Total Principal Due \$ _____ b. Total Interest Due \$ _____ Through _____ mo /day /yr c. Total Administrative Charges Due \$ _____ d. Total Penalty Charges Due \$ _____ e. Total amount of Claim \$ _____	
10a. <input type="checkbox"/> DEBTOR IN BANKRUPTCY: Chapter: <input type="checkbox"/> 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	12. Annual Rate of Interest _____ % 13. Compromise Amount or % \$ _____ 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 Nos.: _____ (FTS and Commercial)	

**INSTRUCTIONS FOR COMPLETING  
THE REVISED 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 CCLRS 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.**

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**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.)**
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.

## 29 - Exhibit 13--continued

<b>CCLR</b>		Page 2 of 7
(SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)		
Agency Claim No. _____		
<b>THE INDIVIDUAL DEBTOR</b>		
16. Debtor's Full Name:	17. AKA:	
18. Date of Birth:	19. Home Phone No. (Include Area Code):	
20. Employer's Name & 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 <u>NOT</u> give P.O. Box) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (Specify) _____ _____ _____ _____	25. Name of person who verified above data, date verified, and how verified: _____ _____ _____ _____	
<b>THE COMPANY DEBTOR</b>		
<b>NOTE:</b> 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. DBA:	29. Phone No. (Include Area Code):	
30. Type of Business:	31. Date & State of Incorporation:	

**CCLR INSTRUCTIONS (CONT'D)**

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 DOJ/USAO 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 DOJ 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.

**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 CFR 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.

<b>CCLR</b> (SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)		Page 3 of 7
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: _____ _____ _____ _____	
<b>CO-DEBTOR(S) / GUARANTOR(S) / CO-SIGNER(S)</b>		
34. Full Name(s): _____	35. SSN / EIN: _____	
36. AKA: _____	37. Date of Birth: _____	
38. Home Address & 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 <u>NOT</u> give P.O. Box) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other (Specify) _____ _____ _____ _____	
41. Co-Debtor's Job Title: _____	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: _____ _____ _____ _____ _____	

## 29 - Exhibit 13--continued

**CCLR INSTRUCTIONS (CONT'D)**

**DOJ concurrence for Compromise, Suspension, or Termination:** Means you only want DOJ 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.

- 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 (BOF 10) to do so. Checking this box now means you want DOJ/USAO 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 of 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 of 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 of 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 DOJ/USAO 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.
17. **AKA (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."

## 29 - Exhibit 13--continued

<b>CCLR</b> <i>(SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)</i>		Page 4 of 7
Agency Claim No. _____		
<b>FORECLOSURES</b>		
<b>NOTE:</b> 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 data 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 <input type="checkbox"/> No <input type="checkbox"/>  Property is Abandoned: Yes <input type="checkbox"/> No <input type="checkbox"/>  Property occupied by tenant: Yes <input type="checkbox"/> No <input type="checkbox"/>	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: _____ _____ _____		
<b>DEBTOR'S ABILITY TO PAY</b>		
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(es) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income): _____ _____ _____		



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**CCLR INSTRUCTIONS (CONTD)**

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.

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**THE COMPANY DEBTOR**

26. **Name:** Insert full name of company debtor.
27. **Address:** Insert company debtor's complete address.
28. **DBA:** 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.
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.

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**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 DOJ/USAO 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/EIN:** Insert Social Security Number(s) or Employer Identification Number(s) of any co-debtor(s), guarantor(s), and/or co-signer(s).
36. **AKA (Also Known As):** Insert any other names used by co-debtor(s), guarantor(s), and/or co-signer(s).
37. **Date of Birth:** Insert birth date(s) of any co-debtor(s), guarantor(s), and/or co-signer(s).

<b>CCLR</b> <i>(SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)</i>		Page 5 of 7		
Agency Claim No. _____				
<b>AGENCY CLAIM HISTORY</b>				
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: _____ _____ _____				
<b>ADDITIONAL INFORMATION</b>				
57. For HHS loans: Medical or other professional association locator data: _____ _____ _____	58. Additional agency comments: _____ _____ _____			
<b>59. AGENCY CHECK LIST:</b> CCLR package must contain:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <u>In General:</u>  <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             </td> <td style="width: 50%; vertical-align: top; border: none;"> <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 Evidence, if Available  <input type="checkbox"/> Directions To Property if No Street Address Available  <input type="checkbox"/> Chattel Lien Searches if Chattels Involved             </td> </tr> </table>			<u>In General:</u> <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 Evidence, if Available <input type="checkbox"/> Directions To Property if No Street Address Available <input type="checkbox"/> Chattel Lien Searches if Chattels Involved
<u>In General:</u> <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 Evidence, 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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**CCLR INSTRUCTIONS (CONTD)**

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

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**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.

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**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. DOJ/USAO need data on property against which liens can be filed 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.



**CCLR INSTRUCTIONS (CONTD)**

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.

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**ADDITIONAL INFORMATION**

57. **HHS 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.

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**CCLR MAILING INSTRUCTIONS**

After you have completed this CCLR, and the debt for litigation in the *TOTAL PRINCIPAL DUE, Block 11a, is \$500,000 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 \$500,000*, mail this CCLR to:

**U.S. Department of Justice  
Central Intake Facility  
Suite 220  
1110 Bonifant Street  
Silver Spring, MD 20910-3312**

<b>CCLR</b> (SEE INSTRUCTIONS ON REVERSE OF EACH PAGE)	Page 7 of 7
Agency Claim No. _____	
<b><u>ACKNOWLEDGMENT FORM</u></b>	

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

**DOJ/USAO ACKNOWLEDGMENT TO AGENCY**

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

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

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

63. Received by 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.

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67.

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**CCLR INSTRUCTIONS (CONT'D)**

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/USAO WHO RECEIVES THE CLAIM)**

62. **DOJ/USAO Number:** Insert the DOJ/USAO number used to identify this claim.
63. **Receipt Date:** Insert date this claim was received at DOJ/USAO.
64. **Recipient's Name:** Print name of DOJ/USAO person who actually received this claim.
65. **Contact:** Print name and phone number of DOJ/USAO person the agency should contact if questions arise about this claim.
66. **DOJ/USAO RETURN ADDRESS:** The person at DOJ/USAO 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/USAO 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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Effective date: September 04, 1992

29 - Exhibit 13--continued

United States Bankruptcy Court District of _____		PROOF OF CLAIM	
In re (Name of Debtor)		Case Number	
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>			
<p>Name of Creditor (The person or entity to whom the debtor owes money or property)</p> <p>Name and Addresses Where Notices Should Be Sent</p> <p>Telephone No.</p>		<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p>	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		THIS SPACE IS FOR COURT USE ONLY	
1. BASIS FOR CLAIM:		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
<p><input type="checkbox"/> Goods sold</p> <p><input type="checkbox"/> Services performed</p> <p><input type="checkbox"/> Money loaned</p> <p><input type="checkbox"/> Personal injury/wrongful death</p> <p><input type="checkbox"/> Taxes</p> <p><input type="checkbox"/> Other (Describe briefly): _____</p>		<p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensations (Fill out below)</p> <p>Your social security number _____</p> <p>Unpaid compensations for services performed from _____ (date) to _____ (date)</p>	
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<p><input type="checkbox"/> SECURED CLAIM \$ _____</p> <p>Attach evidence of perfection of security interest.</p> <p>Brief Description of Collateral:</p> <p><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly): _____</p> <p>Amount of arrearage and other charges included in secured claim above, if any \$ _____</p> <p><input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____</p> <p>A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</p>		<p><input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(2)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan—U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6)</p> <p><input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Other—11 U.S.C. §§ 507(a)(2), (a)(6)—(Describe briefly): _____</p>	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ _____ (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ _____ (Total)			
<p><input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



29 - Exhibit 13--continued

AGENCY NAME  
CITY AND STATE

CERTIFICATE OF INDEBTEDNESS

Debtor(s) Name(s) and  
Address(es):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total debt due United States as of (Date) : \$ \_\_\_\_\_.

I certify that (Name of Agency) records show that the debtor(s) named above is/are indebted to the United States in the amount stated above, plus additional interest on the principal balance of \$ \_\_\_\_\_ from (Date) at the annual rate of \_\_\_\_%. Interest accrues on the principal amount of this debt at the rate of \$ \_\_\_\_\_ per day.

The claim arose in connection with [Describe with statement such as "a loan made by the (Name of Agency)," "a Government-insured or guaranteed loan made by a private lender and assigned to the United States," "a charge by the (Name of Agency) for goods and/or services," or "an overpayment or erroneous payment by the (Name of Agency)...]

[Statement of the relevant facts, including: How the debtor(s) became indebted to the United States; the date the debtor(s) defaulted on the loan, note, or obligation; principal balance of the debt; amount and rate of accrued interest on principal balance; additional charges such as penalties and administrative costs; date of last voluntary payment; and statutory authorities.]

**CERTIFICATION:** Pursuant to 28 USC § 1746, I certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
(Date)

(SIGNATURE) \_\_\_\_\_  
(Name and Title)