

Claims Collection Litigation Report Revision

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MAY 2014

U.S. DEPARTMENT OF JUSTICE

DEBT COLLECTION MANAGEMENT

Background

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- The Claims Collection Litigation Report (CCLR) is a standard report for agencies to provide specific information when claims are referred to the Department of Justice (DOJ) for litigation and enforced collection
- Section 904.2 of the Federal Claims Collection Standards, 31 CFR Parts 901-904, requires that all claims referred to the DOJ or U.S. Attorneys' Offices (USAO) be accompanied by a CCLR
- DOJ began requiring agencies to submit referrals using the CCLR in the mid-1980s

Reasons for Revision of the CCLR

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- Debt Collection Management (DCM) was tasked with the lead on reviewing and revising the CCLR as part of a Treasury, Bureau of the Fiscal Service working group effort
- Concern by DOJ and external agencies regarding the return/rejection of CCLR. Reasons include:
 - Insufficient/incomplete information provided in the agency submissions
 - Inaccurate/outdated information provided
 - Insufficient evidence of collectability (assets)
- Information needs have changed, but the current CCLR does not reflect these changes
- There has not been a significant review or revision to the CCLR since its inception

CCLR Revision Timeline

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- Began project in March 2013 (DCM established a 3-person team)
- CCLR Review Process:
 - Internal DCM review
 - Internal DOJ review (litigating divisions, EOUSA, USAOs)
 - External review (Treasury, HUD, HHS, Education)

CCLR Revision Timeline

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- Final revisions will be completed in May 2014
- Currently working with GSA on making the CCLR an official government form
- DOJ will place the revised CCLR on its website and provide the revised CCLR to agencies in May-June 2014
- DOJ anticipates a 2-3 month period where submissions will transition from the old to the new form

Improvements of the Revised CCLR

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- **Clearly identifies required/mandatory information in the instructions and form**
- **Provides more relevant information at the front of the Report (in the Claim at a Glance section)**
- **Consolidates the Debtor information into one area of the Report**
- **Provides more detailed information in the Debtor Information section (email address, websites, etc.)**
- **Easily allows for inclusion of multiple debtors on single CCLR**

Improvements of the Revised CCLR

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- Requests more detailed information on debtor assets (ability to pay)
- Provides an additional area to address Treasury Cross Servicing Referrals
- Identifies more detailed documentation requirements in the Agency CCLR Submission Checklist
- Reduces the overall number of questions in the CCLR by almost one third
- Form is in a fillable .pdf format

Tips for Agencies to Improve CCLR submissions

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- **Ensure all required fields are completed**
- **Ensure that all required information on the checklist is provided with the package**
- **Ensure asset information is provided to increase the opportunity for collection and enforcement**
- **Complete form as a fillable pdf (if possible) to make it clearly legible and avoid misinterpretations**

Benefits from Revision

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- More clearly identifies required documentation needed in CCLR package for litigators to successfully litigate and enforce collection
- Ensures adequate information on assets is provided to increase the likelihood of collection on referred debts
- Provides a more useful layout for external agency completion as well as litigator review of CCLR package

CCLR – Claim at a Glance Section – Pg. 1

Print

Agency Claim No: _____

Primary Debtor's SSN/EIN: _____

CLAIMS COLLECTION LITIGATION REPORT (CCLR)

Before submitting CCLR, review the Agency Checklist Submission Requirements at the end of the form.

1. Agency Claim No.: _____ 2. Submission Date: _____

THE CLAIM AT A GLANCE

3a. Referring Agency/Sub-Agency Name and Address:

3b. Original Creditor Agency Name & Address
(if different from Referring Agency):

3c. Referring Agency Contact:
Name: _____
Phone No. _____
Email Address: _____
(Additional contact information may be found in Block 32)

3d. Referring Agency Location (ALC) for Collections:

3e. Total Amount of Claim: _____

4. Debtor(s) Name, Address, and 9-digit identifying number (SSN/EIN) for debtor (individual or entity):
If you are listing more than four debtors, use Supplementary Data Sheet.

1) Primary Debtor's Name: _____ 2) Name: _____
Address: _____ Address: _____

Identifying No.: _____ Unknown

Identifying No.: _____ Unknown

3) Name: _____

4) Name: _____

Address: _____

Address: _____

Identifying No.: _____ Unknown

Identifying No.: _____ Unknown

5.

SOL Expiration Date: _____

Basis for SOL Expiration Date (include statute): _____

CCLR – Claim at a Glance Section – Pg. 3

Agency Claim No: _____

SSN/EIN: _____

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| <p>9c. Should DOJ compromise on your Agency's behalf? Yes <input type="radio"/> No <input type="radio"/></p> <p>If yes, what is the minimum compromise amount or % _____</p> | <p>What is the legal authority for the accrual of penalties? _____</p> <p>Penalty Interest Rate Type: <input type="radio"/> Annual <input type="radio"/> Daily <input type="radio"/> Other: _____</p> <p>Penalty Interest Rate (%): 0.00% _____ Amount Accrued Daily: _____</p> |
| <p>10. Explanation of Claim (include supporting documentation in CCLR package):</p> <p><input type="radio"/> Note, guaranty, order, citation, or some other authority; <input type="radio"/> Statute or regulation (provide citation): _____ <input type="radio"/> Improper or Erroneous Payment</p> | |
| <p>11. Name of person who verified Debtor Information, Debt Data, Date Verified, and How Verified:</p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> <p>Name: _____ Date Verified: _____ Debtor Information <input type="checkbox"/> Foreclosures <input type="checkbox"/> All <input type="checkbox"/></p> | |

Where to send Referral Packages...

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**Nationwide Central Intake Facility
JMD/Debt Collection Management Staff
2 Constitution Square
145 N Street NE, 5th Floor
Washington, DC 20530**

*To discuss a referral or obtain a Point of Contact at a USAO or Private Counsel,
contact the NCIF Help Desk @ 202-532-4394 or 800-683-6567.*

NCIF CONTACT INFORMATION

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