

Sensitive but Unclassified

Judgment Fund
Document Submission Cover Sheet

To: Judgment Fund Branch

Fax #: 866-920-0879 or 866-814-1516

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***** Claim Information *****

Claim Submission Type: (Please Check One) [] JFICS [] Paper

Control No. or Agency Reference No. : _____

Case Name: _____

Claimant Last Name: _____

Claimant First Name: _____

Submitting Agency: _____

Amount: _____

Document Inventory: (Please check all that apply)

- [] Judgment Fund Form 194
[] Judgment Fund Form 196
[] Judgment Fund Form 197
[] Administrative Settlement Agreement
[] Court Judgment or Settlement
[] Letter to Preserve Interest
[] Other (Please specify) _____