

Agency Claim No.:

SSN/EIN:

CLAIMS COLLECTION LITIGATION REPORT (CCLR)

Before submitting the 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:

Agency Name:

Sub-Agency Name:

Address:

Address (line 2):

City: State: Zip:

3c. Referring Agency Contact

Name:

Phone No.:

Email Address:

(Additional contact information may be found in Block 32)

3e. Total Amount of Claim:

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

Name:

Address:

Address (line 2):

City: State: Zip:

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

3f. All debts referred to DOJ must be removed from the Treasury Offset Program(TOP). By clicking the checkbox you certify that the debt is not on TOP.

4. Debtor(s) Name, Address, and 9-digit identifying number (SSN/EIN) for debtor (individual or entity):

1) Debtor Type: Individual Entity

Primary Debtor's First Name:

Last Name: MI:

Address (line 1):

Address (line 2):

City: State: Zip:

Identifying No.: Unknown

2) Debtor Type: Individual Entity

First Name:

Last Name: MI:

Address (line 1):

Address (line 2):

City: State: Zip:

Identifying No.: Unknown

3) Debtor Type: Individual Entity

First Name:

Last Name: MI:

Address (line 1):

Address (line 2):

City: State: Zip:

Identifying No.: Unknown

4) Debtor Type: Individual Entity

First Name:

Last Name: MI:

Address (line 1):

Address (line 2):

City: State: Zip:

Identifying No.: Unknown

5. SOL Expiration Date:

Basis for SOL Expiration Date (include statute):

Agency Claim No.:

SSN/EIN:

<p>6. Foreclosure Address (if applicable):</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>	<p>7. Delinquency Date:</p>
<p>8a. Request for DOJ Concurrence: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, go to 8b)</p> <p><u>DOJ Concurrence for:</u></p> <p>Compromise</p> <p>Suspension</p> <p>Termination</p> <p>*For compromise, suspension or termination, include detailed facts that explain and support the basis for your request in your attached information, and refer to mailing instructions at the end of the Report.</p> <p>8c. Debtor in Bankruptcy: Yes No</p> <p>Bankruptcy Court No.</p> <p>Bankruptcy Filing Date:</p> <p>Chapter (check one): 7 9 11 12 13</p>	<p>8b. Referred for:</p> <p>Enforced Collection</p> <p>Judgment Lien Only</p> <p>Renew Judgment Lien Only</p> <p>Renew Judgment Lien & Enforce Collection</p> <p>Program Enforcement</p> <p>Foreclosure Only</p> <p>Foreclosure & Deficiency Judgment</p> <p>File Proof of Claim Only (for bankruptcy proceedings)</p> <p>File Real Property Lien Only</p> <p>Other</p> <p>Additional Explanation for 8b:</p>
<p>9a. Amount of Claim:</p> <p>Total Principal Due</p> <p>Total Interest Due</p> <p>Interest Through Date</p> <p>Total Administrative / Other Charges Due</p> <p>Date Interest began to accrue</p> <p>Date Penalties began to accrue</p> <p>Total Amount of Claim</p>	<p>9b. Interest Rate:</p> <p>Does Pre-Judgment interest accrue on this debt?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, complete interest and penalty information as applicable)</p> <p>What is the legal authority for the accrual of interest?</p> <p>Interest Rate Type:</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Other:</p> <p>Interest Rate (%):</p> <p>Amount Accrued Daily:</p>

Agency Claim No.:

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9c. What is the legal authority for the accrual of penalties?

9d. Should DOJ compromise on your Agency's behalf?

Yes No

If yes, what is the minimum compromise amount or %

Penalty Interest Rate Type:

Annual Daily Other:

Amount:

Penalty Interest Rate (%):

Percent:

Amount Accrued Daily:

10. Explanation of Claim (include supporting documentation in CCLR package):

Note, guaranty, order, citation, or some other authority:

Statute or regulation (provide citation):

Improper or Erroneous Payment

11. Name of person who verified Debtor Information, Debt Data, Date Verified, and Information Verified:

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

Name: _____ Date Verified: _____ Debtor Information Foreclosures All

Email: _____

PRIMARY DEBTOR INFORMATION

Complete separate page for each debtor.

Note: An entity can be a company, partnership, non-profit, state or local government, etc. For this section, depending on what is selected in block 12, specific additional questions will need to be completed. Use the CCLR Supplementary Data Sheet to furnish additional information as appropriate.

12a. Debtor Type:	12b. Debtor Status:	
Individual Entity	Primary Co-Debtor	Co-Signer Guarantor

13a. Debtor's Full Name and Address:

Name:

Address:

City: State: Zip:

13b. Debtor's Identification Number:

SSN/EIN:

Other Identifying No.:

14. Debtor Contact Information:

Title (if applicable):

Home Phone No (if applicable):

Mobile Phone No.:

Work Phone No.:

Email:

Entity Website (if applicable):

15. * Individual Debtors Only:

Date of Birth:

Relationship to Primary Debtor:

16. Alias or Other Names Used (if entity, provide other entity names):

<p>17. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Basis of Liability (include applicable statute):</p>	<p>18. *Entity Debtors Only:</p> <p style="margin-left: 40px;">Form of Business:</p> <p style="margin-left: 80px;">Is Entity in Legal Existence?</p> <p style="margin-left: 120px;">Yes No Unknown</p> <p style="margin-left: 80px;">If Yes, date and state of incorporation:</p> <p style="margin-left: 120px;">Date State</p> <p style="margin-left: 80px;">If No, date of dissolution:</p>
<p>19. Best place to serve, if not address in Box 4 (Do NOT give a P. O. Box)</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>	<p>20. *Entity Debtors Only:</p> <p>Name, address, and phone number of registered agent of service process:</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>
<p>21. Is debtor represented by an attorney? Yes No: If yes, please provide contact information:</p> <p style="margin-left: 40px;">Name:</p> <p style="margin-left: 40px;">Address:</p> <p style="margin-left: 40px;">Address (line2):</p> <p style="margin-left: 40px;">City: State: Zip:</p> <p style="margin-left: 180px;">Phone Number:</p> <p style="margin-left: 180px;">Email Address:</p>	
<p>DEBTOR'S ABILITY TO PAY</p> <p>*Provide all asset Information available for case - (Continue on Supplemental Data Sheet if Necessary)</p>	
<p>22. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Debtor's Job Title:</p>	<p>23. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Employer's Name and Address:</p> <p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p>

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24. *Individual Debtors Only:

Debtor's Salary:	Gross	Net	
Weekly	Biweekly	Monthly	Annual

25. The debtor/co-debtor owns or is buying the following real estate or personal property (cars, boats, etc.):

Type	Location/Address	Owner	Purchaser Name	If Encumbered, Lending Institution	Value

26. Assets in which the Government has a secured interest:

27. 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 **(Continue on Supplemental Data Sheet if necessary)**

Financial Institution (Name and Address)	Account Number	Account Type	Account Owner(s)

Click to Add Additional Debtor and Information.

FORECLOSURES

Note: 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 28 - 31 below and use the CCLR Supplementary Data Sheets to furnish additional information, as appropriate.

28. Mortgage Recording Information:

County:

Date of Recording:

Volume (Liber):

Page Number (Folio):

Mortgage Company:

Name:

Address:

Phone No.:

Email:

29. Property Occupancy:

Debtor Resides on Property: Yes [] No []

Property is Abandoned: Yes [] No []

Property is Occupied by Tenant: Yes [] No []

If property is occupied by a tenant, provide the Name of Tenant, and contact information, if known:

30. If recovery of chattels is included in the foreclosure, list the address(s) where the chattels are located, including the county:

31. List other liens (Federal, state, other) against property:

AGENCY CLAIM HISTORY**(Continue on Supplemental Data Sheet if Necessary)**

32. Additional agency contact information:

Administrative Unit: Name: _____ Phone: _____

Collections Unit: Name: _____ Phone: _____

Other: Name: _____ Phone: _____

33. Brief description of the program that suffered the loss:

34. Date of last demand for payment to debtor and summary of debtor's response (include details and date of any admission of debt by the debtor):

35. Details of any compromise or settlement offers made by, or to, the debtor and any responses thereto:

36. Date and types of collection actions taken by agency:

37. Total payments received to date (include date of last payment):

38. Provide brief explanation if referral was previously sent to the DOJ for litigation:

ADDITIONAL INFORMATION – HHS Referrals

39. For HHS loans: Medical or other professional association locator data:

ADDITIONAL INFORMATION – Treasury Referrals

40. For debts referred by Treasury on behalf of original creditor agency:

The Debt Collection Improvement Act of 1996 (DCIA), Pub. L. No. 104-134, requires federal agencies to refer eligible delinquent non-tax debts owed to the U.S. Department of the Treasury (Treasury) for centralized debt collection. The Bureau of the Fiscal Service, Debt Management Services (DMS), carries out Treasury's main responsibilities under the DCIA through its Cross-Servicing program and Treasury Offset Program (TOP). 31 U.S.C §§ 3711(g) and 3716(a).

DMS collects delinquent debts through its Treasury Offset Program (TOP) and its Cross-Servicing Program. 31 U.S.C § 3711;

The Cross-Servicing program utilizes a variety of collection mechanisms to collect delinquent debts, including sending demand letters, calling debtors, submitting debts to TOP, referring debts to private collection agencies, reporting debts to credit bureaus, initiating administrative wage garnishment, and referring administratively uncollectable debts to the Department of Justice for enforced collection. TOP may be utilized as a debt collection tool as part of the Cross-Servicing program, or as a standalone program under mandatory referral once a debt becomes more than 120-days delinquent. 31 U.S.C. § 3716 (administrative offset) and 31 C.F.R. Part 285, subpart A.

Before referring delinquent debts to Treasury for collection, a creditor agency establishes an agency profile with DMS detailing the creditor agency's debt collection requirements. With each debt referred, the creditor agency also certifies to Treasury that the debt is valid, delinquent, legally enforceable in the amount stated, and that all requisite due process requirements have been met.

In order to cover the cost of centralized debt collection, DMS charges creditor agencies fees. 31 U.S.C. § 3711(g)(6), (7); 31 C.F.R. § 285.12.(j); 31 C.F.R. § 901.1(f). Creditor agencies, in turn, are generally required to pass on their debt collection costs to the debtor. 31 U.S.C. § 3717(e)(1); 31 C.F.R. § 901.1(c). Cross-Servicing collection fees are 30% for debts that are less than two years delinquent and 32% for debts that are over two years delinquent, based on the delinquency date provided by the creditor agency. The fee is computed as 30% or 32% of the principal, plus interest, penalty, and administrative costs of the referred debt. When a collection on a federal non-tax debt results from offset of payments through TOP, DMS charges the creditor agency, a TOP fee as appropriate, and does not charge the 30% or 32% fee.

Summary of collection actions taken by original creditor agency and DMS:

CCLR SUPPLEMENTARY DATA SHEET

41. 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.

AGENCY CCLR SUBMISSION CHECKLIST

CCLR Package Requirements (Required documents are highlighted in Blue):

General:

- CCLR**
- Certificate of Indebtedness (see below)**
- Credit Report (within last 6 months)**
- Payment History and/or copy of most recent payment (e.g. personal check) if any**
- Debt Substantiation List (see below)**
- Complete legible copy of initial Demand Letter (if Demand Letter does not contain due process, include all relevant due process letters).**
- Summary of Collection Actions Taken by Agency (incl. copies of phone logs of calls with debtor, if available)**
- List of All Documents that will be used as Evidence in Support of the Claim**

Additional information for Debtor in Bankruptcy:

- Proof of Claim or Copy Thereof, Attached**

Additional information for Foreclosures:

- Original Promissory Note**
- Original Real Estate Mortgage**
- Original Statement of Account/Affidavit of Amount Due**
- Title Evidence, if available**
- Directions to Property (if street address is not available)**
- Chattel Lien Searches (if chattels are involved)**

Requirements for the Certificate of Indebtedness (COI): Include detailed summary of each stage of the debt from date incurred to present:

- **Summary of debt origination**
- **Date debt incurred**
- **Complete breakdown of total amount of debt (principal, interest to date, interest accrual rate thereafter, administrative fees, penalties, etc.)**
- **Debtor address and SSN, agency claim number**
- For loans:
 - Terms of repayment**
 - Date of disbursement**
 - Delinquency date and circumstances surrounding default**
 - Itemization of accrual of interest, administrative fees and/or penalties**

Debt Substantiation List:

- **For Loans:**
 - **Complete, legible, original or copy of note**
- **For Administrative Debts (e.g., fines, penalties, improper payments, etc.):**
 - **Provide a copy of assessment order, citation, and notification letter.**
- **For Compromised or Terminated Debts:**
 - **Facts and documentation supporting agency conclusion that debt should be compromised or terminated.**
- **Complete, legible copies of other correspondences or notices**
- **Other evidence of debt or documents pertaining to debt (e.g. proof of disbursement, assignments, underlying notices of penalty assessment or other documents establishing a final agency decision underlying the debt)**
- Financial information or other relevant information on debtor
- For Entity Debtors, provide documentation showing registered agent for service of process (e.g. Secretary of State records, State Dept. of Insurance Records, Articles of Incorporation, etc.)

MAILING INSTRUCTIONS

If the total principal due for the amount of claim is *less than \$1,000,000*, mail the CCLR to:

U.S. Department of Justice
Nationwide Central Intake Facility
2 Constitution Square
145 N Street, NE Room 6W.520
Washington, DC 20530

If the total principal due for the amount of claim is *\$1,000,000 or greater*, or if **DOJ concurrence for compromise, suspension or termination** was checked on block 8a, mail the CCLR to the Civil Division.

If sending the CCLR to the Civil Division through the United States Postal Service, mail the CCLR to:

Commercial Litigation Branch
U.S. Department of Justice
Civil Division
P.O. Box 875
Ben Franklin Station
Washington, DC 20044

If sending the CCLR to the Civil Division through FedEx or another private service, or hand-delivering the CCLR, mail the CCLR to:

Commercial Litigation Branch
U.S. Department of Justice
Civil Division
1100 L Street, NW
Washington, DC 20005

Additional Debtors

ADDITIONAL DEBTOR INFORMATION #2

Complete separate page for each debtor.

Note: An entity can be a company, partnership, non-profit, state or local government, etc. For this section, depending on what is selected in block 12, specific additional questions will need to be completed. Use the CCLR Supplementary Data Sheet to furnish additional information as appropriate.

12a. Debtor Type: Individual Entity	12b. Debtor Status: Primary Co-Debtor Co-Signer Guarantor
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13a. Debtor's Full Name and Address:

Name:

Address:

City: State: Zip:

13b. Debtor's Identification Number:

SSN/EIN:

Other Identifying No.:

14. Debtor Contact Information:

Title (if applicable):

Home Phone No (if applicable):

Mobile Phone No.:

Work Phone No.:

Email:

Entity Website (if applicable):

15. * Individual Debtors Only:

Date of Birth:

Relationship to Primary Debtor:

16. Alias or Other Names Used (if entity, provide other entity names):

Agency Claim No.:

SSN/EIN:

<p>17. *Individual Debtors Only:</p> <p>Basis of Liability (include applicable statute):</p>	<p>18. *Entity Debtors Only:</p> <p>Form of Business:</p> <p>Is Entity in Legal Existence? Yes No Unknown</p> <p>If Yes, date and state of incorporation: Date State</p> <p>If No, date of dissolution:</p>
<p>19. Best place to serve, if not address in Box 4 (Do NOT give a P.O. Box)</p> <p>Address:</p> <p>City: State: Zip:</p>	<p>20. *Entity Debtors Only: Name, address, and phone number of registered agent of service process:</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>
<p>21. Is debtor represented by an attorney? Yes No:</p> <p>If yes, contact information:</p> <p>Name: Phone Number:</p> <p>Address: Email Address:</p> <p>City: State: Zip:</p>	
<p style="text-align: center;">DEBTOR'S ABILITY TO PAY</p> <p>*Provide all asset information available for case - (Continue on Supplemental Data Sheet if Necessary)</p>	
<p>22. *Individual Debtors Only:</p> <p>Debtor's Job Title:</p>	<p>23. *Individual Debtors Only:</p> <p>Employer's Name and Address:</p> <p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p>

24. *Individual Debtors Only:

Debtor's Salary:		Gross		Net	
Weekly	Biweekly	Monthly		Annual	

25. The debtor/co-debtor owns or is buying the following real estate or personal property (cars, boats, etc.):

Type	Location/Address	Owner	Purchaser Name	If Encumbered, Lending Institution	Value

26. Assets in which the Government has a secured interest:

27. 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 (Continue on Supplemental Data Sheet if Necessary)

Financial Institution (Name and Address)	Account Number	Account Type	Account Owner(s)

ADDITIONAL DEBTOR INFORMATION #3

Complete separate page for each debtor.

Note: An entity can be a company, partnership, non-profit, state or local government, etc. For this section, depending on what is selected in block 12, specific additional questions will need to be completed. Use the CCLR Supplementary Data Sheet to furnish additional information as appropriate.

12a. Debtor Type: Individual Entity	12b. Debtor Status: Primary Co-Debtor Co-Signer Guarantor
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13a. Debtor's Full Name and Address:

Name:

Address:

City: State: Zip:

13b. Debtor's Identification Number:

SSN/EIN:

Other Identifying No.:

14. Debtor Contact Information:

Title (if applicable):

Home Phone No (if applicable):

Mobile Phone No.:

Work Phone No.:

Email:

Entity Website (if applicable):

15. * Individual Debtors Only:

Date of Birth:

Relationship to Primary Debtor:

16. Alias or Other Names Used (if entity, provide other entity names):

<p>17. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Basis of Liability (include applicable statute):</p>	<p>18. *Entity Debtors Only:</p> <p style="margin-left: 40px;">Form of Business:</p> <p style="margin-left: 40px;">Is Entity in Legal Existence? Yes No Unknown</p> <p style="margin-left: 40px;">If Yes, date and state of incorporation: Date State</p> <p style="margin-left: 40px;">If No, date of dissolution:</p>						
<p>19. Best place to serve, if not address in Box 4 (Do NOT give a P.O. Box)</p> <p>Address:</p> <p>City: State: Zip:</p>	<p>20. *Entity Debtors Only:</p> <p>Name, address, and phone number of registered agent of service process:</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>						
<p>21. Is debtor represented by an attorney? Yes No:</p> <p style="margin-left: 40px;">If yes, contact information:</p> <table style="width:100%;"> <tr> <td style="width:50%;">Name:</td> <td style="width:50%;">Phone Number:</td> </tr> <tr> <td>Address:</td> <td>Email Address:</td> </tr> <tr> <td>City: State: Zip:</td> <td></td> </tr> </table>		Name:	Phone Number:	Address:	Email Address:	City: State: Zip:	
Name:	Phone Number:						
Address:	Email Address:						
City: State: Zip:							
<p>DEBTOR’S ABILITY TO PAY</p> <p>*Provide all asset Information available for case - (Continue on Supplemental Data Sheet if Necessary)</p>							
<p>22. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Debtor’s Job Title:</p>	<p>23. *Individual Debtors Only:</p> <p style="margin-left: 40px;">Employer’s Name and Address:</p> <p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p>						

Agency Claim No.:

SSN/EIN:

24. *Individual Debtors Only:

Debtor's Salary: Gross Net

Weekly Biweekly Monthly Annual

25. The debtor/co-debtor owns or is buying the following real estate or personal property (cars, boats, etc.):

Type	Location/Address	Owner	Purchaser Name	If Encumbered, Lending Institution	Value

26. Assets in which the Government has a secured interest:

27. 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 **(Continue on Supplemental Data Sheet if Necessary)**

Financial Institution (Name and Address)	Account Number	Account Type	Account Owner(s)

ADDITIONAL DEBTOR INFORMATION #4

Complete separate page for each debtor.

Note: An entity can be a company, partnership, non-profit, state or local government, etc. For this section, depending on what is selected in block 12, specific additional questions will need to be completed. Use the CCLR Supplementary Data Sheet to furnish additional information as appropriate.

12a.	Debtor Type:		12b. Debtor Status:			
	Individual	Entity	Primary	Co-Debtor	Co-Signer	Guarantor

13a. Debtor's Full Name and Address:

Name:

Address:

City: State: Zip:

13b. Debtor's Identification Number:

SSN/EIN:

Other Identifying No.:

14. Debtor Contact Information:

Title (if applicable):

Home Phone No (if applicable):

Mobile Phone No.:

Work Phone No.:

Email:

Entity Website (if applicable):

15. * Individual Debtors Only:

Date of Birth:

Relationship to Primary Debtor:

16. Alias or Other Names Used (if entity, provide other entity names):

<p>17. *Individual Debtors Only:</p> <p>Basis of Liability (include applicable statute):</p>	<p>18. *Entity Debtors Only:</p> <p>Form of Business:</p> <p>Is Entity in Legal Existence? Yes No Unknown</p> <p>If Yes, date and state of incorporation: Date State</p> <p>If No, date of dissolution:</p>
<p>19. Best place to serve, if not address in Box 4 (Do NOT give a P.O. Box)</p> <p>Address:</p> <p>City: State: Zip:</p>	<p>20. *Entity Debtors Only: Name, address, and phone number of registered agent of service process:</p> <p>Address:</p> <p>Address (line 2):</p> <p>City: State: Zip:</p>
<p>21. Is debtor represented by an attorney? Yes No:</p> <p>If yes, contact information:</p> <p>Name: Phone Number:</p> <p>Address: Email Address:</p> <p>City: State: Zip:</p>	
<p>DEBTOR'S ABILITY TO PAY</p> <p>*Provide all asset Information available for case - (Continue on Supplemental Data Sheet if Necessary)</p>	
<p>22. *Individual Debtors Only:</p> <p>Debtor's Job Title:</p>	<p>23. *Individual Debtors Only:</p> <p>Employer's Name and Address:</p> <p>Name:</p> <p>Address:</p> <p>City: State: Zip:</p>

Agency Claim No.:

SSN/EIN:

24. ***Individual Debtors Only:**

Debtor's Salary: _____ Gross Net

Weekly Biweekly Monthly Annual

25. The debtor/co-debtor owns or is buying the following real estate or personal property (cars, boats, etc.):

Type	Location/Address	Owner	Purchaser Name	If Encumbered, Lending Institution	Value

26. Assets in which the Government has a secured interest:

27. 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 **(Continue on Supplemental Data Sheet if Necessary)**

Financial Institution (Name and Address)	Account Number	Account Type	Account Owner(s)