

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:

3b. Original Creditor Agency Name &

Address (if different from Referring Agency):

Agency Name:

Sub-Agency Name:

Address:

Address (line 2):

City: State: Zip:

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)*

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

3e. Total Amount of Claim:

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:

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):





**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.

<p>28. Mortgage Recording Information:</p> <p>County:</p> <p>Date of Recording:</p> <p>Volume (Liber):</p> <p>Page Number (Folio):</p> <p>Mortgage Company:</p> <p>    Name:</p> <p>    Address:</p> <p>Phone No.:</p> <p>    Email:</p>	<p>29. Property Occupancy:</p> <p>Debtor Resides on Property:      Yes [ ]      No [ ]</p> <p>Property is Abandoned:            Yes [ ]      No [ ]</p> <p>Property is Occupied by Tenant:    Yes [ ]      No [ ]</p> <p>If property is occupied by a tenant, provide the Name of Tenant, and contact information, if known:</p>
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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, Disbursing and Debt Management (DDM), 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).

DDM 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 DDM 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, DDM 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 28% for debts that are less than two years delinquent and 30% for debts that are over two years delinquent, based on the delinquency date provided by the creditor agency. The fee is computed as 28% or 30% 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, DDM charges the creditor agency the TOP fee of \$17.00 per offset, and does not charge the 30% or 32% fee.

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

### **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 5E.307  
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:		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):





### 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):





### 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):



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)