

CLAIMS COLLECTION LITIGATION REPORT (CCLR)	
HUD Claim No	
THE INDIVIDUAL DEBTOR	
16. Debtor's Full Name:	17. A.K.A.:
18. Date of Birth:	19. Home Phone No. (Include Area Code):
20. Employer's Name and 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 NOT give P.O. Box) <input type="checkbox"/> Home <input type="checkbox"/> Work Other (Specify): _____ _____ _____ _____	25. Name of person who verified above data, date verified, and how verified: _____ _____ _____
THE COMPANY DEBTOR	
<p>Note: 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.</p>	
26. Debtor's Full Name	27. Debtor's Address:
28. D.B.A.:	29. Phone No. (Include Area Code):
30. Type of Business:	31. Date & State of Incorporation:

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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:
CO-DEBTOR(S)/GUARANTOR(S)/CO-SIGNER(S)	
34. Full Name(s):	35. SSN / EIN:
36. A.K.A.:	37. Date of Birth:
38. Home Address/Business & 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 NOT give P.O. Box)
41. Co-Debtor's Job Title:	[] Home [] Work [] Other (Specify): _____
42. Salary: \$ _____	_____
[] Gross [] Weekly [] Monthly	_____
[] Net [] Biweekly [] 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:

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FORECLOSURES		
<p>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 date called for in blocks 46 - 50 below and use CCLR Supplementary Data Sheets to furnish additional information, as appropriate.</p>		
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 [] No [] Property is Abandoned: Yes [] No [] Property is occupied by tenant: Yes [] No []	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:		
DEBTOR'S ABILITY TO PAY		
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(s) and account number(s); deceased debtor's estate, provide administrator/executor information; other sources of income):		
NAME OF BANK	ACCOUNT NUMBER	ACCOUNT TYPE

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AGENCY CLAIM HISTORY	
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:	
ADDITIONAL INFORMATION	
57. For HHS loans: Medical or other professional association locator data:	58. Additional agency comments:
59. <u>AGENCY CHECK LIST</u> : CCLR package must contain: <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 SUPPLEMENTARY DATA SHEET

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.

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ACKNOWLEDGMENT FORM

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

DOJ/USAO ACKNOWLEDGMENT TO AGENCY

60. Debtor's Full Name: _____

61. Agency Claim No.: _____

62. DOJ/USAO Number: _____

63. Received at 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. DOJ/USAO Return Address:

67. **Please Note:** Put the Agency Address and Contact Person Here: