

Judgment Fund Transmittal



BUREAU OF THE
Fiscal Service
U.S. DEPARTMENT OF THE TREASURY

Date: _____

Claimant/Plaintiff Names : _____

Claimant Address: _____

Claimant/Plaintiff SSN(s) or EIN(s): _____
(enter additional claimants/plaintiffs on FS Form 197 Item 6)

Claimant/Plaintiff Counsel's Name: _____

Responsible Agency Subject to Claim: _____

E-mail Address (required for electronic payment confirmation): _____

Responsible Agency Telephone Number: _____

Brief Description of Facts Giving Rise to Claim: _____

Check one if applicable:

Contract Disputes Act

No FEAR Act

Firefighters Fund

I certify that:

I am a representative of the Submitting Agency; I am authorized to request payment from the Judgment Fund for the judgment, award, or settlement captioned above; I have consulted with my agency's counsel and the payment of the above claim is consistent with the requirements of 31 USC § 1304, including: Payment is not otherwise provided for, The award, judgment, or settlement is monetary only (funding for injunctive relief is not available from the Judgment Fund) and, The award, judgment, or settlement is final.

I confirm that:

The Secretary of the Treasury is authorized to certify payment from the Judgment Fund; It is the responsibility of the Submitting Agency to ensure that all awards, judgment, and settlements, including interest, attorney fees and costs, are consistent with applicable law and the Treasury is not responsible for reviewing the underlying claims or amounts; The information provided to Treasury in support of the requested payment is true and accurate; Forms signed by anyone other than an authorized federal official are unacceptable, and Filing a false or fraudulent claim constitutes a Federal offense that is punishable by fines, imprisonment, or both.

Accordingly, I request that Treasury certifies this payment request. Enclosed are completed copies of FS Form 196: Judgment Fund Award Data Sheet, FS Form 197: Judgment Fund Voucher for Payment, the judgment or settlement agreement; and any other enclosures required by Fiscal Service.

Submitting Agency Authorized Signature

Submitting Agency Contact Name

Name and Title of Authorized Signer (*print or type*)

Submitting Agency Contact E-mail Address

Street Address

Submitting Agency Contact Phone Number

City, State and Zip Code

Agency File Number

General Instructions: Use this form, FS 194, to transmit a request to certify an administrative or litigated award against the United States for payment from the Judgment Fund, under 31 U.S.C. § 1304. For questions please contact the Judgment Fund at 866-277-1046.