

Judgment Fund



1. **Total Amount:** _____

*****If payment will be made in a foreign currency, provide the following information:**

Country: _____ Currency: _____

Pursuant to 31 CFR part 208, Judgment Fund payments are to be made by electronic funds transfer (EFT).

2. **Electronic Funds Transfer (EFT) Information:**

- a) Payee Account Name: _____
- b) Payee Address: _____
- c) American Banking Association (ABA) Routing Number (9 digits): _____
- d) Payee Account Number: _____
- e) Checking: _____ Saving: _____
- f) Financial Institution Name: _____
- g) Financial Institution City & State: _____
- h) Swift Code: _____ IBAN: _____ (foreign payment only)

3. **Mailing Address for Check:** (Payee name not to exceed 32 Characters)

- a) Payee Name: _____
- b) Payee Name: _____
- c) Address Line 1: _____
- d) Address Line 2: _____
- e) City: _____ State: _____ Zip Code: _____

4. **Interagency Payment System Information:**

- a) Agency Name: _____
- b) Agency Location Code (ALC) Number (8 digits) : _____
- c) Standard General Ledger (SGL) Number (4 digits): _____
- d) Treasury Account Symbol (TAS): _____

5. **Reimbursement Information for Contract Disputes Act (CDA), No FEAR Act, and Firefighters Fund:**

- a) Agency Name: _____
- b) Contact Name: _____
- c) Contract Number (CDA cases): _____
- d) Telephone Number: _____
- e) Address: _____
- f) City: _____ State: _____ Zip Code: _____
- g) Email Address: _____

6. **Taxpayer Identification Number (social security number (SSN) for individuals, employer identification number (EIN) for businesses) for each additional Party Entitled to Payment:**

a) Name: _____ SSN or EIN: _____

b) Name: _____ SSN or EIN: _____

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Acceptance by Claimants:

NOTE: For use ONLY where the settlement is (i) for cash, (ii) in an amount that does not exceed \$200,000.00, and (iii) a court order approving the settlement is not warranted. For all other situations, a final judgment or a standard Department of Justice Stipulation For Compromise Settlement And Release must be attached.

Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

(SIGN ORIGINAL ONLY)

Date: _____

(Printed Name)

(Claimant(s) sign above)

Date: _____

(Printed Name)

(Claimant(s) sign above)

AGENCY APPROVING OFFICIAL: This claim has been fully examined in accordance with Statutory Citation _____ and approved in the amount of \$ _____

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____