

# Judgment Fund Document Submission Cover Sheet



**TO: Judgment Fund Branch**  
**FAX#: 866-920-0879 or 866-814-1516**  
**TEL#: 202-874-6664 or 866-277-1046**

FROM	
TEL.#	FAX#
EMAIL	

## CLAIM INFORMATION

Claims Submission Type (check only one) [  ] JFICS [  ] PAPER

Control# or Agency Reference#	
Case Name:	
Claimant Last Name:	
Claimant First Name:	
Submitting Agency:	
Amount:	

## DOCUMENT INVENTORY

(Check all that apply)

<input type="checkbox"/>	FS Form 194
<input type="checkbox"/>	FS Form 196
<input type="checkbox"/>	FS Form 197
<input type="checkbox"/>	Settlement Agreement or Court Order
<input type="checkbox"/>	Other (Specify)