

Judgment Fund Transmittal

Date: _____

Department of the Treasury
Financial Management Service
Judgment Fund Branch
3700 East-West Highway, Room 6E15
Hyattsville, Maryland 20782
Telephone: (202) 874-6664

Claimant/Plaintiff Name: _____

Address: _____

Claimant/Plaintiff Counsel's Name: _____

Telephone Number: _____ - _____ - _____

Name of Agency Subject to Claim: _____

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

Telephone Number: _____ - _____ - _____

Brief Description of Facts Giving Rise to Claim: _____

Check One If Applicable:

Contract Disputes Act

No FEAR Act

Firefighters Fund

Dear Sir or Madam:

I am an authorized representative of the United States in the above captioned matter. As described in the enclosed documentation, I certify that all pertinent criteria required by law for the approval of this claim have been satisfied. If an administrative claim, the settlement was made with the United States in this matter and any portions of the agreement required to be paid from the agency funds will be or have been paid from those funds. If a litigative claim, the award made in the enclosed judgment or settlement is payable by the United States and any portions of the award required to be paid from other parties or sources will be or have been paid from those parties or sources. The United States will not seek further judicial review of this award and I have obtained all approvals necessary for its referral for payment.

I believe that this award qualifies for payment pursuant to 31 U.S.C. § 1304. Accordingly, I request that you certify this award for payment from the Judgment Fund established by that law. Enclosed are completed copies of **FMS Form 196: Judgment Fund Award Data Sheet**; **FMS Form 197: Judgment Fund Voucher for Payment**; the judgment or settlement agreement; and any other enclosures required by FMS. Unless payment by electronic funds transfer is indicated, please have the check sent to the check address provided on **FMS Form 197**.

Submitting Agency Authorized Signature

Name and Title (*print or type*)

Submitting Agency E-mail Address (*required for electronic payment confirmation*)

Agency File Number

Street Address

City, State and Zip Code

General Instructions: Use this form, FMS 194, to transmit a request to certify an administrative or litigative award against the United States for payment from the Judgment Fund under 31 U.S.C. § 1304.

Enclosures: **FMS Form 196** and **FMS Form 197**. *Incomplete submissions will be returned to the submitter without action.*