

**CLAIM AGAINST THE UNITED STATES
FOR THE PROCEEDS OF A GOVERNMENT CHECK**

Your Social Security Account Number and the other information are being requested in order that the Department of the Treasury can process your claim for a government check. The authority to consider your claim is found in part, at 31 United States Code Sections 528 and 561-564. If you cannot or will not furnish the information, the processing of your claim may be delayed. The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Section, Anomone East Business Center, 3361-L, 75th Avenue, Landover, Md. 20785 or the Office of Management and Budget, Paperwork Reduction Project (1510-0011) Washington, D.C. 20503.

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WARNING: Title 18, Sec. 287, U.S. Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service, of the United States, or to any department or agency thereof, any claim upon or against the United States, or to any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

1. Did you receive this check?	
2. Did you sign your name on this check?	
3. Did you cash this check?	
4. Did you deposit this check in a bank, credit union other financial organization? Did someone else deposit this check to an account that you could use?	
5. Was this check cashed with your permission?	
6. Did you receive any money or benefit in any way from this check (e.g. household expenses, child support, etc.)? If so, explain, (include amount if known.)	
7. If your present name is different from that on the face of the check, explain why.	
8. If you are making claim for this check and it is not made out to you, state your relationship to the payee. Explain why the payee cannot sign.	

THIS CLAIM IS MADE FOR THE PROCEEDS OF THE ABOVE CHECK. IF YOU CASH BOTH THE ORIGINAL AND ANY SETTLEMENT CHECKS, THE OVERPAYMENT MUST BE PROMPTLY REFUNDED. FAILURE TO DO SO COULD RESULT IN LEGAL ACTION. BE SURE TO INCLUDE THE ABOVE CHECK AND SYMBOL NUMBERS WITH YOUR REFUND.

SIGN HERE	Payee's Signature	2nd Payee's Signature (If check drawn to two payees)
	Your assigned I.D. No. (SSA, VA, IRS, Etc.)	2nd Payee's assigned I.D. No. (SSA, VA, IRS, Etc.)
Signature of Witness (ONLY if Payee(s) Signed by Mark)		

PART 2

9. Did you ever live or receive mail at the address on the front of this check?	
10. What was your mailing address on the date this check was issued? If you moved, did you advise the Post Office and agency which authorized payment.	Address _____ Apt. _____ _____ Zip _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Did anyone other than yourself have the opportunity to receive your mail? If so, who?	
12. Did you lose any identification which might have been used by someone else to cash your check? Explain.	
13. Do you have information concerning the cashing of the check? If so, explain. (Please use additional paper if necessary.)	
14. Where did you usually cash or deposit your check at the time this check was cashed?	
15. Clearly print your current mailing address.	Address _____ Apt. _____ _____ Zip _____
16. If you are employed, give the name, address, and telephone number of your current employer.	Name _____ Address _____ Telephone No. () _____
I certify that all the above questions have been answered truthfully to the best of my knowledge.	
SIGN HERE	Payee's Signature _____ 2nd Payee's Signature (if check drawn to two payees) _____
Date _____	Date _____
Give your home address, telephone number and/or a number where you can be reached.	Address _____ Zip _____ Telephone No. { } _____ Other No. { } _____
To expedite the settlement of your claim, sign your name three (3) times below for handwriting comparison.	
Payee's Signature	2nd Payee's Signature
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

Be sure to detach and retain the payee instruction page for your records. If you move before your claim is settled, send your new address along with the check and symbol numbers to the agency given on the instruction page, and advise the Post Office of your forwarding address. COMPLETE BOTH SIDES OF THIS CLAIM FORM. You must return the check copy or we will be unable to process your claim.

**LOST OR STOLEN CHECKS CAN BE AVOIDED!!
 "ASK YOUR LOCAL FINANCIAL ORGANIZATION ABOUT THE DIRECT DEPOSIT PROGRAM"**