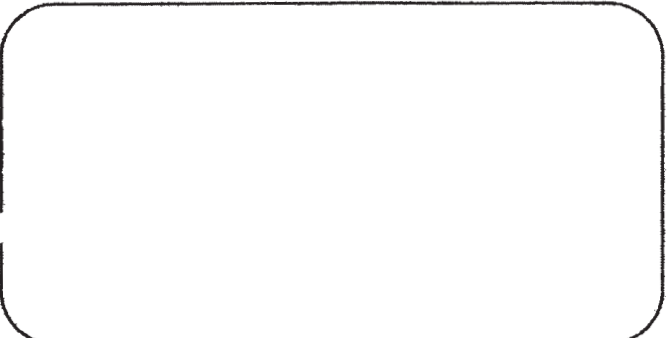


PART 1

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

OMB No. 1510-D019
Exp. 7/31/94

Your social security number and the other information requested will allow the Department of the Treasury to process your claim for the proceeds of a government check. This collection of information is made pursuant to the Department of the Treasury's authority to consider your claim, which is found at Title 31 of the United States Code, Sections 321, 3331 and 3343, and Title 31 of the Code of Federal Regulations, Parts 235, 245, and 248. This information may be disclosed to the enforcement on the government check that is the subject of your claim, including the bank that presented the check for payment. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number will be used to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other claimants. Furnishing your social security number and the other requested information is voluntary. However, failure to provide any part of the requested information may delay the processing of your claim.

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

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 7-89 IS OBSOLETE

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.	2 nd Payee's Signature (if check drawn to two payees) _____
SIGN HERE Payee's Signature _____	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	2 nd 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 PAGES 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"	