

Borrower Name (Last, First, M.I.)	Social Security No.
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4. Claim Information				
Borrower School Separation Date	Repayment Begin Date	Refinanced Loan? Yes <input type="checkbox"/> No <input type="checkbox"/>	Most Recent Delinquency Date	Reported Credit Bureau Date
Due Diligence Letter 1 Date	Due Diligence Letter 2 Date	Due Diligence Letter 3 Date	Due Diligence Letter 4 Date	Prior Bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>
PCA 90 Day Letter Date	PCA 120 Day Letter Date	PCA 150 Day Letter Date	Final Demand Date	

5. Judgment Claim						
Litigation Began Date	Litigation ID Number	Judgment Date	Judgment Assignment Date	Exemplified or Certified Judgment Received Date	Post-Judgment Interest Rate (Percent Only)	Continuing Interest Clause? Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Bankruptcy Claim (All Bankruptcy claims must be filed within 10 days of notification and include required documentation.)					
Official Notification of Bankruptcy Date	First Meeting of Creditors Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Proof of Claim Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transfer of Proof of Claim? Yes <input type="checkbox"/> No <input type="checkbox"/>		Copy of Bankruptcy Plan Included? Yes <input type="checkbox"/> No <input type="checkbox"/>
Adversary Only	Basis for Objection Included? Yes <input type="checkbox"/> No <input type="checkbox"/>	Copy of Complaint? Yes <input type="checkbox"/> No <input type="checkbox"/>	Complaint Date	Copy of Summons? Yes <input type="checkbox"/> No <input type="checkbox"/>	Adversary Received Date

7. Skip		8. Unable to Serve				
Skip Tracing Began Date	Determination Date	No. of Attempts to Serve	Was Service Attempted by Officers of the Court (Public Service)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Return of Service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Last Attempt Date	Copy of Complaint Included? Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Disability	
Notified of Disability Date	Package Sent to HHS Date
	HHS Approval Date

10. Death	
Notified of Death Date	Official Notification of Death Received Date

11. Low Loan		12. Low Balance	
All Loans Made Prior to 11/14/88 <\$5000? Yes <input type="checkbox"/> No <input type="checkbox"/>	All Loans Made on After 11/4/88 <\$2500? Yes <input type="checkbox"/> No <input type="checkbox"/>	Claim Amount <\$1000? Yes <input type="checkbox"/> No <input type="checkbox"/>	

13. Total Amount of Insurance Claim (Principal and Interest): \$ _____ I certify that the information on this form is correct. I have used standard commercial collection practices and conformed to the due diligence standards of the HEAL regulations and policy guidelines. The borrower is not entitled to the defemert of principal, as provided in the Promissory Note(s). Any further payments by the borrower will be sent to the Public Health Service.	FOR PHS USE ONLY
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14a. Signature of Authorizing Official	14b. Name and Title (Please Print)	14c. Date
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