

Financial Statement of Debtor

(Submitted for Government Action on Claims Due the United States)

(NOTE: Use additional sheets where space on this form is insufficient or continue on reverse side of pages.)

Authority for the solicitation of the requested information is one or more of the following: 42 CFR 405.376; 4 CFR 101, et seq.; 31 U.S.C. 951, et seq.

The principal purpose for gathering this information is to evaluate your capacity to pay the Government's claim against you. Disclosure of the information is voluntary. If the requested information is not furnished, the Government will pursue immediate and full payment of its claim against you.

1. Name (<i>debtor</i>)	2. Birth Date (<i>mo., day, yr.</i>)
3. Home Address	4. Phone No.
5. Name of Spouse (<i>give address if different from yours</i>)	6. Date of Birth (<i>mo., day, yr.</i>)

Debtor Employment Data

7. Occupation	8. How Long in Present Employment?	
9. Present Employer's Name	Address	Phone No.

10. Other Employment—Within Last 3 Years

Employer's Name	Address	Phone No.	Employment Dates

11. Present Monthly Income

Salary or Wages \$ _____ Commissions \$ _____ Other (*state source*)\$ _____ Total \$ _____

Spouse's Employment Data

12. Occupation	13. How Long in Present Employment?	
14. Spouse's Present Employer's Name	Address	Phone No.

15. Other Employment—Within Last 3 Years

Employer's Name	Address	Phone No.	Employment Dates

16. Present Monthly Income

Salary or Wages \$ _____ Commissions \$ _____ Other (*state source*) \$ _____ Total \$ _____

Dependents

17. Total Number	Relationship	Age	Relationship	Age	Relationship	Age	18. Total Monthly Income of Dependents (<i>except spouse</i>) \$ _____

25. Real Estate Owned

Address	How Owned (<i>jointly, individually, etc.</i>)	Date Acquired	Cost	Unpaid Amount of Mortgage
---------	--	---------------	------	---------------------------

26. Real Estate Being Purchased Under Contract

Address			Name of Seller
Contract Price	Principal Amount Still Owing	Next Cash Payment Due (<i>date</i>)	Amount (<i>of next payment due</i>)

27. Life Insurance Policies

Company	Face Amount	Cash Surrender Value	Outstanding Loans

28. All Real and Personal Property Owned by Spouse and Dependents Valued in Excess of \$200 (*List each item separately*)

29. All Transfers of Property Including Cash (*by loan, gift, sale, etc.*) That You Have Made Within the Last 3 Years (*items of \$300 or over*)

Date	Amount	Property Transferred	To Whom

30. Are you a party in any lawsuit now pending? * Yes, give details below * No

31. Are you a trustee, executor, or administrator? * Yes, give details below * No

32. Is anyone holding any moneys on your behalf? * Yes, give details below * No

33. Is there any likelihood you will receive an inheritance?

* Yes, from whom?

* No

34. Do you receive, or under any circumstances, expect to receive benefits, from any established trust, from a claim for compensation or damages, or from a contingent or future interest in property of any kind?

■ Yes, explain below

* No

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or 5 years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Department of Health and Human Services, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.

Date

Signature

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0270. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.