

CLAIMS DOCUMENT

CHECK CLAIMS Hyattsville, MD. 20788
AGENCY REF.

CC USE ONLY
REPORT(S)
ATTACHMENT
DISTRIBUTION

INSTRUCTIONS TO PAYEE

1. Complete and return the FMS 1133 immediately to ensure timely processing of your claim.
2. See Page 2 for specific instructions for completing both pages of FMS 1133 Claim Form (Pages 3 and 4).
3. Keep Page 2 for your records.

PAYEE ADDRESS

STOP REASON:

PAYMENT RECERTIFIED

STATUS:

SYMBOL		SERIAL NO.	
CHECK DATE	CHECK AMOUNT	PAYEE NAME	
PAYEE ID NO.	AGENCY W	AGENCY LOCATION CODE	AMOUNT TO BE RECLAIMED
DATE OF DEATH			
LOCATOR NUMBER(S):		CC REMARKS	
1.	2.		
3.	4.		
5.			
DECEDENT			

AGENCY: SEE PAGE 2 FOR INSTRUCTIONS. KEEP PAGE 1 FOR YOUR RECORDS.

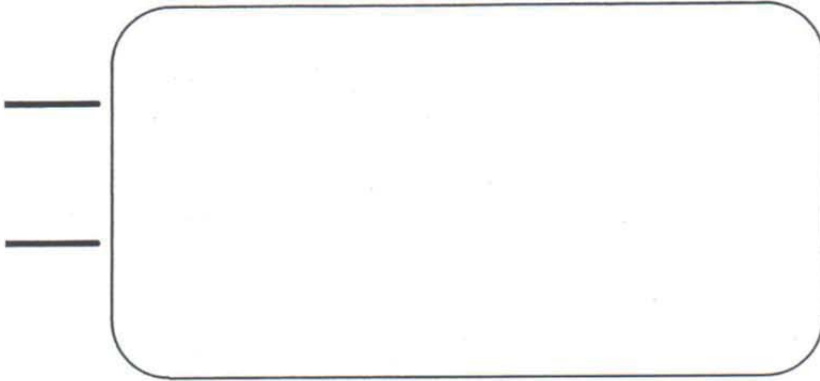
DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

EDITION OF 7-89 IS OBSOLETE

AGENCY ADDRESS

PAYEE INSTRUCTIONS

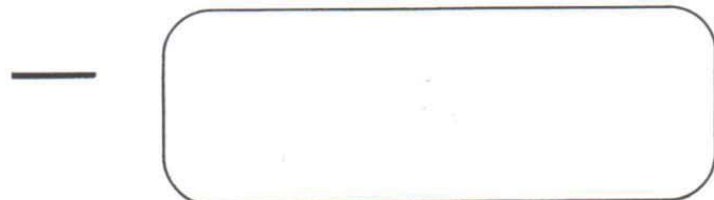
FOR COMPLETING CLAIM FORM FMS 1133, CLAIM AGAINST THE UNITED STATES FOR THE PROCEEDS OF A U.S. TREASURY CHECK.



PAYEE ADDRESS

PLEASE READ AND FOLLOW THE INSTRUCTIONS

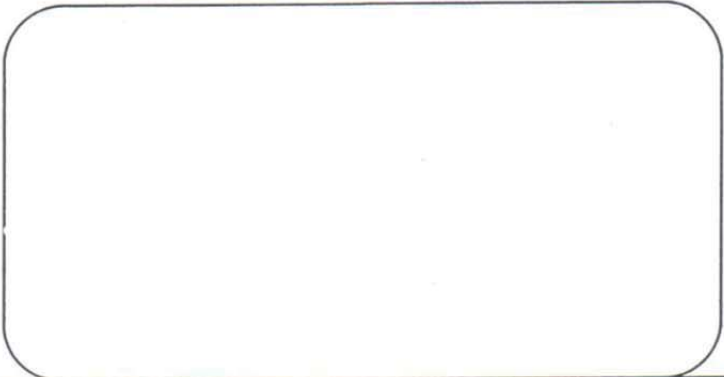
1. The check you inquired about has been cashed. The Treasury's Check Claims is responsible for handling claims involving U.S. Treasury checks.
 2. Examine the attached check copy, especially the handwritten and/or stamped endorsements on the back.
 3. Pay particular attention to the date of the check. If the check is not the one you are missing, or if you have a question about the check amount, contact the agency which authorized the payment (Social Security Administration (SSA), Veterans Affairs (VA), Internal Revenue Service (IRS), etc.) giving them enough information to locate the check in question.
 4. If the check copy shows that the check was deposited at your financial organization, take the check copy to the bank, credit union or savings and loan and ask them to verify that your account was credited. If you are unable to settle this matter, complete and return the Claim Form (Pages 3 and 4) and check copy.
 5. If you signed the check or the check was cashed with your permission, or if for any reason you do not want to make claim for the amount of the check, do not return the Claim Form.
 6. Answer all questions on both pages, Part 1 is for use in the criminal investigation and recovery of funds from the bank. Part 2 is for criminal and administrative investigation and handwriting analysis. Signatures are required for Parts 1 and 2 since this form is routed to two separate destinations for processing.
 7. If you did not sign the check, did not give someone else permission to cash the check or did not benefit in any way from the check, fill in BOTH PAGES of the Claim Form. It is important that you:
 - A. ANSWER ALL QUESTIONS ON BOTH PAGES (items 1 thru 8 on page 3) (items 9 thru 16 on page 4). Please fill out the Claim Form in Black ink.
 - B. Sign your name personally where indicated. If the check is issued to two payees, both payees must sign the Claim Form.
 - C. The signature of a Witness is required only when one or both payees sign their names with a mark.
- D. RETURN THE CHECK COPY, YOUR COMPLETED FMS 1133 CLAIM FORM (AND THE FMS 3858 CLAIMS DOCUMENT IF SENT TO YOU) TO THE FOLLOWING ADDRESS.



PAYEE: RETAIN THIS COPY FOR YOUR RECORDS.

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

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 endorser 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)		

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
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	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. <u>You must return the check copy or we will be unable to process your claim.</u>	
LOST OR STOLEN CHECKS CAN BE AVOIDED!! "ASK YOUR LOCAL FINANCIAL ORGANIZATION ABOUT THE DIRECT DEPOSIT PROGRAM"	

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 time required to complete this information collection is estimated to average 10 minutes, including the time to review instructions, search existing data resources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of the time estimate and suggestions for reducing this burden should be directed to the Department of the Treasury, Bureau of the Fiscal Service, Parkersburg, WV 26106.