This form is available electronically.	OMB CONTROL # 0560-0233
FSA-2198 (08-26-11)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency
CLAIM	ANTS WITH CLOSED SETTLEMENT CLAIMS
WITH NO APPEAL HEARING IN SUSPENSION	
	Date
[Claimant Name]	Date
[Claimant Address]	
Claim #: [Claim #]	
Dear [Claimant]:	
	been informed that your claim under [Name of Settlement] has been closed. not cure your FSA delinquent loan accounts.
if you prefer, you may request a new new notification of the availability of 15 calendar days. If you do not respo	n your pending loan servicing application once it has all the information. However, oan servicing application and close the existing application. If you wish to receive a loan servicing, you must sign, date, and return this letter to your local office within and within the 15 calendar days, FSA will make a decision on your pending servicing SA will be processing the pending servicing application, it may need to request out.
If you have any questions, please con-	act our office at [telephone number].
Sincerely,	
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Farm Loan Manager	
Borrower Action	
	tess again and I understand that my pending application will be withdrawn. Please cing and send me a new notification of the availability of loan servicing.
<b>Note:</b> I understand that if I submit a request an appeal.	new loan servicing application and FSA denies it, I will have the opportunity to
Borrower's signature:	Date:

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Note: The following statement are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq, and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this form or its rejection.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0560-0233. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE**.