Instructions
for the
Financial Statement of Debtor

This form is officially authorized by the Department of Justice for claims collection uses. DFAS has adapted it for limited use to obtain information in support of a request for a reduced rate of severance or separation pay recoupment due to financial hardship under 10 U.S.C. 1174(h) or 10 U.S.C. 1175(e).

Please complete Sections 1, 2, 3, 4 and 9 of the form. Do not complete the sections marked "N/A" (not-applicable).

At the end of sections 2, 3, 4 and 9, you will see instructions labeled "Attachments required." You are not required to provide the financial documents requested in these sections. However, we reserve the right to request them if further verification of the information you provide becomes necessary.

Sections 1, 2, 3, 4 and 9 must be filled out in their entirety. Failure to do so will delay your request for consideration of a reduced rate of recoupment.

U.S. Department of Justice
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 back of last page.

FINANCIAL STATEMENT OF DEBTOR

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 31 U.S.C. 951, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR 0.160, 0.171 and Appendix to Subpart Y. Fed.R.Civ.P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register; Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at page 12274. Disclosure of the information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

Section 1 Personal Information

1. Full Name(s) _____
Street Address _____
City _____ State _____ Zip _____
County of Residence _____
How long at this residence? _____

1a. Home Telephone: (___) _____
Best Time to Call _____ a.m. _____ p.m.
1b. Cellular Number: (___) _____
2. Marital Status:
☐Married ☐Separated
☐Unmarried (single, divorced, widowed)

3. Your Social Security No. (SSN) _____
4. Spouse's Social Security No. _____

3a. Your Date of Birth (mm/dd/yy) _____
4a. Spouse's Date of Birth (mm/dd/yy) _____

5. ☐ Own Home ☐Rent ☐Other (specify, i.e. share rent, live with relative) _____

6. List the dependants you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
			☐No ☐Yes				☐No ☐Yes
			☐No ☐Yes				☐No ☐Yes

Section 2 Your Business Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
☐ No ☐ Yes If yes, provide the following information:
7a. Name of Business _____
7b. Street Address _____
City _____ State _____ Zip _____

7c. Employer Identification No: _____
7d. Do you have employees? ☐ No ☐ Yes
7e. Do you have accounts receivable? ☐ No ☐ Yes
If yes, please complete section 8 on page 5.

☞ **ATTACHMENTS REQUIRED**: Please provide proof of self-employment income for the **prior 3 months** (e.g. invoices, commissions, sales records, income statement).

Section 3 Employment Information

8. Your employer _____
Street Address _____
City _____ State _____ Zip _____
Work telephone no. (___) _____
May we contact you at work? ☐ No ☐ Yes
8a. How long with this employer? _____
8b. Occupation _____

9. Spouse's Employer _____
Street Address _____
City _____ State _____ Zip _____
Work telephone no. (___) _____
May we contact you at work? ☐ No ☐ Yes
9a. How long with this employer? _____
9b. Occupation _____

☞ **ATTACHMENTS REQUIRED**: Please provide proof of gross earnings and deductions **for the past 3 months from each employer** (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 3 months** is represented.

Section 4 Other Income Information

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

☐ Pension ☐ Social Security ☐ Other (specify, e.g. child support, alimony, rental)_____

☞ **ATTACHMENTS REQUIRED**: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 statement as long as **3 months** is represented.

Section 5 Banking, Investment, Cash, Credit and Life Insurance Information

11. **CHECKING ACCOUNTS.** List all checking accounts. (If you need additional space, attach a separate sheet.)

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
11a.	Checking	Name_____ Address_____ City/State/Zip_____	_____	$_____
11b.	Checking	Name_____ Address_____ City/State/Zip_____	_____	$_____
11c.	Total Checking Accounts Balances			$_____

12. **OTHER ACCOUNTS.** List all accounts, including brokerage, savings and money market, not listed in 11.

	Type of Account	Full name of Bank, Credit Union or Institution	Bank Account No.	Current Account Balance
12a.	_____	Name_____ Address_____ City/State/Z	N/A	$_____
12b.	_____	Name_____ Address_____ City/State/Zip_____	_____	$_____
12c.	Total Other Account Balances			$_____

☞ **ATTACHMENTS REQUIRED**: Please include your current bank statements (checking, savings, money market and brokerage accounts) for the past **3 months** for **all** accounts.

13. **INVESTMENTS.** List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits and retirement assets such as IRAs, Keogh and 401(k) plans.

	Name of Company	Number of Shares/Units	Current Value	Loan Amount (if any)	Used as collateral on loan?
13a.	_____	_____	$_____	$_____	☐ No ☐ Yes
13b.	_____	_____	$_____	$_____	☐ No ☐ Yes
13c.	_____	_____	$_____	$_____	☐ No ☐ Yes

13d. **Total Investments** $_____

14. **CASH ON HAND.** Include any money that you have that is not in the bank.

14a. Total Cash on Hand $_____

Section 5 continued

15. **AVAILABLE CREDIT.** List all lines of credit, including credit cards. (If you need additional space, attach a separate sheet.)

	Full Name of Credit Institution	Credit Limit	Amount Owed	Minimum Payment
15a.	Name_____ Address_____ City/State/Zip_____	_____	_____	$_____
15b.	Name_____ Address_____ City/State/Zip_____	_____	_____	$_____

15c. **Total Minimum Payments** N/A

16. **LIFE INSURANCE.** Do you [illegible] lue? ☐ No ☐ Yes
(Term Life Insurance does not have a cash value.)

16a. Name of Insurance Company_____
16b. Policy Number(s)_____
16c. Owner of Policy_____
16d. Current Cash Value $_____ 16e. Outstanding Loan Balance $_____

Subtract "Outstanding Loan Balance: line 16e from "Current Cash Value" line 16d = 16f $_____

☞ **ATTACHMENTS REQUIRED:** Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6 Other

17. **OTHER INFORMATION.** Respond to the following questions related to your financial condition:
(Attach a separate sheet if you need more space.)Information

17a. Do you have a safe deposit box? ☐ No ☐ Yes
If yes, please include the name and address of location of box, the box number and the contents below:

17b. Do you have a will? ☐ No ☐ Yes; if yes, where is it kept?_____
17c. Are there any garnishments against your wages? ☐ No ☐ Yes
If yes, who is the creditor?_____ Date of Judgment_____ Amount of debt $_____
17d. Are there any judgments against you? ☐ No ☐ Yes
If yes, who is the creditor?_____ [illegible]nent_____ Amount of debt $_____
17e. Are you a party to a lawsuit? ☐ No N/A
If yes, amount of suit $_____ _____ Court_____
Subject matter of suit_____ _____
17f. Did you ever file bankruptcy? ☐ No
If yes, date filed_____ Date discharged _____
17g. In the past 10 years did you transfer any assets out of your name for less than their actual value?
☐ No ☐ Yes
If yes, what asset?_____ Value of asset at time of transfer $_____
When was it transferred?_____ To whom was it transferred? _____
17h. Do you anticipate any increase in household income in the next 2 years? ☐ No ☐ Yes
If yes, why will the income increase?_____ (Attach sheet if you need more space.)
How much will it increase? _____
17i. Are you a beneficiary of a trust or an estate? ☐ No ☐ Yes
If yes, name of the trust or estate_____ Anticipated amount to be received $_____
When will the amount be received?_____
17j. Are you a participant in a profit sharing plan? ☐ No ☐ Yes
If yes, name of plan_____ Value in plan $_____

Section 7
Assets and Liabilities

*Current Value is the amount you could sell the asset for today

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	*Current Value	Current Loan Balance	Name of Lender	Purchase Date	Monthly Payment
18a.		$	$			$
18b.		$	$			$

LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

	Description (year, make, model)	Lease Balance	Name and Address of Lessor	Lease Date	Monthly Payment
18c.		$			$
18d.		$ N/A			$

☞ **ATTACHMENTS REQUIRED**: Please include your current statement from lender with monthly car payment and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

	Street Address, City State, Zip, County Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Pymt
20a.			$	$	$	$
20b.			$	$	$	$

21. PERSONAL ASSETS. List all personal assets below. (If you need additional space, attach a separate sheet.)
Furniture/Personal effects includes the total current market value of your household such as furniture and appliances
Other Personal Assets includes all artwork, jewelry, collections, antiques or other assets

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
21a.	Furniture/Personal Effects	$	$		$	
	Other: (List below)					
21b.	Artwork	$	$		$	
21c.	Jewelry	$	$		$	
21d.		$	$		$	
21e.		$	$		$	

Section 7
continued

22. **BUSINESS ASSETS.** List all business assets and encumbrances below, include Uniform Commercial Code filings. (If you need additional space, attach a separate sheet.) *Tools used in Trade or Business* includes the basic tools or books used to conduct your business, excluding automobiles. *Other Business Assets* includes machinery, equipment, inventory or other assets.

	Description	Current Value	Loan Balance	Lender	Monthly Payment	Date of Final Pymt
22a.	Tools used in Trade/ Business	$_____	$_____	_____	$_____	_____
	Other: (List below)					
22b.	Machinery	$_____	$_____	_____	$_____	_____
22c.	Equipment	$_____	$_____	_____	$_____	_____
22d.	_____	$_____	$_____	_____	$_____	_____
22e.	_____	$_____	$_____	_____	$_____	_____

Section 8
Accounts/ Notes Receivable

Use only if needed

23. **ACCOUNTS/NOTES RECEIVABLE.** List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

	Description	Amount Due	Date Due	Age of Account
23a.	Name_____ Address_____ City/State/Zip_____ N/A	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23b.	Name_____ Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23c.	Name_____ Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23d.	Name_____ Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23e.	Name_____ Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days
23f.	Name_____ Address_____ City/State/Zip_____	$_____	_____	☐ 0-30 days ☐ 30-60 days ☐ 60-90 days ☐ 90+ days

Add "Amount Due" from lines 23a through 23f = 23g $_____

Section 9

Monthly Income and Expense Analysis

If only one spouse has a debt, but both have income, list the total household income and expenses.

Total Income

Source	Gross monthly
24. Wages (yourself)	$_____
25. Wages (spouse)	_____
26. Interest - Dividends	_____
27. Net Business Income	_____
28. Net Rental Income	_____
29. Pension/Social Security	_____
30. Pension/Social Security (Spouse)	_____
31. Child Support	_____
32. Alimony	_____
33. Other	_____
34. Total Income	$_____

Total Living Expenses

Expense Items[1]	Actual Monthly
35. Rent/Mortgage	$ _____
36. Electric	_____
37. Natural Gas	_____
38. Cable TV	_____
39. Telephone	_____
40. Water	_____
41. Food	_____
42. Car Payment	_____
43. Gasoline	_____
44. Car Insurance	_____
45. Cell Phone/Pager	_____
46. Other Utilities	_____
47. Clothing & Misc.	_____
48. Health Care	_____
49. Court Ordered Payments	_____
50. Child/Dependant Care	_____
51. Life Insurance	_____
52. Other secured debt	_____
53. Other expenses	_____
54. Education Expenses	_____
55. Total Living Expenses	$_____

☞ **ATTACHMENTS REQUIRED**: Please include;

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the last 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g car payments, lease payments, fuel, oil, insurance, parking, registration)
- Proof of payments for health care, including health insurance premiums, co-payments and other out-of-pocket expenses
- Copies of any court order requiring payment and proof of such payments for the past 3 months

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CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other that as shown in this statement, including any attachment.

Signature Social Security No. Date

WARNING

False statements are punishable up to five years imprisonment, a fine of $250,000, or both pursuant to 18 U.S.C. §1001.

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[1]Expenses generally not allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable donations, voluntary retirement contributions, payments on unsecured debts such as credit card bills and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family.