

**Judgment Fund  
Document Submission Cover Sheet**

**To: Judgment Fund Branch**  
**Fax #: 866-920-0879 or 866-814-1516**  
**Telephone #: 202-874-6664 or 866-277-1046**

<p><b>FROM:</b></p> <p><b>TELEPHONE #:</b></p> <p><b>EMAIL ADDRESS:</b></p> <p><b>FAX #</b></p>
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<b>CLAIM INFORMATION</b>		
<b>Claims Submission Type (Check Only One)</b>	<b>JFICS</b>	<b>PAPER</b>
<b>Control # or Agency Reference #:</b>		
<b>Case Name:</b>		
<b>Claimant Last Name:</b>		
<b>Claimant First Name:</b>		
<b>Submitting Agency:</b>		
<b>Amount:</b>		

<b>Document Inventory (Check all that apply)</b>	
<input type="checkbox"/>	FMS Form 194
<input type="checkbox"/>	FMS Form 196
<input type="checkbox"/>	FMS Form 197
<input type="checkbox"/>	Settlement Agreement or Court Order
<input type="checkbox"/>	Other (Specify)