

Judgment Fund Voucher for Payment



BUREAU OF THE
Fiscal Service
LEAD. TRANSFORM. DELIVER.

1. **Total Amount:** _____
2. **Submitting Agency Contact Name:** _____ Telephone Number: _____
3. **Electronic Funds Transfer (EFT) Information**
 - a) Payee Account Name: _____
 - b) American Banking Association (ABA) Routing Number (9 digits)*: _____
 - c) Payee Account Number: _____
 - d) Checking: [] Savings: []
 - e) Financial Institution Name _____ City _____ State _____
4. **Interagency Payment System Information:** _____
 - a) Agency Name: _____
 - b) Agency Location Code (ALC) Number: (8 digits): _____
 - c) Standard General Ledger (SGL) Number (4 digits): _____
 - d) Treasury Account Symbol (TAS): _____
5. **Mailing Address for Check:** (Payee name not to exceed 32 Characters.)
 - a) Payee Name: _____
 - b) Payee Name: _____
 - c) Address Line 1: _____
 - d) Address Line 2: _____
 - e) City: _____ State: _____ Zip Code: _____
6. **Fedwire Funds transfer Information:**
 - a) Payee Account Name: _____
 - b) American Banking Association (ABA) Routing Number (9 digits)*: _____
 - c) Payee Account Number: _____
 - d) Checking: [] Savings: []
 - e) Financial Institution Name _____ City _____ State _____
7. **Taxpayer Identification Number (s):**
 - a) _____ b) _____
8. **Reimbursement Information for Contract Disputes Act (CDA), No FEAR Act, and Firefighters Fund:**
 - a) Agency Name: _____
 - b) Contact Name: _____
 - c) Contract Number (CDA cases): _____
 - d) Telephone Number: _____ - _____ - _____
 - e) Address: _____
 - f) City: _____ State: _____ Zip Code: _____
9. **If payment will be made in a foreign currency please provide the following information:**
Country: _____ Currency: _____

*** To prevent delayed payment, please verify with the designation bank that you are providing the correct ABA Routing Number, as banks typically use different routing numbers for EFT payments and wire transfer payments.**

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10. Acceptance by Claimants:

NOTE: For use ONLY where the settlement is (i) for cash, (ii) in an amount that does not exceed \$200,000, and (iii) a court order approving the settlement is not warranted. For all other situations, a final judgment or a standard Department of Justice Stipulation For Compromise Settlement And Release must be attached.

Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns agree to and do accept this settlement in full settlement and satisfaction and release of any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation any claims for fees, costs, expenses, survival, or wrongful death, arising from any and all known or unknown, foreseen or unforeseen bodily injuries, personal injuries, death, or damage to property, which they may have or hereafter acquire against the United States of America, its agents, servants, or employees, on account of the subject matter of the administrative claim or suit, or that relate or pertain to or arise from, directly or indirectly, the subject matter of the administrative claim or suit. Each claimant/plaintiff and his/her guardians, heirs, executors, administrators, and assigns further agree to reimburse, indemnify, and hold harmless the United States of America, its agents, servants, and employees, from and against any and all claims, demands, rights, and causes of action of any kind, whether known or unknown, including without limitation claims for subrogation, indemnity, contribution, or lien of any kind, or for fees, costs, expenses, survival or wrongful death that relate or pertain to or arise from, directly or indirectly, any act or omission that relates to the subject matter of the administrative claim or suit.

(SIGN ORIGINAL ONLY)

Date _____

(Claimant(s) sign above)

11. AGENCY APPROVING OFFICIAL: This claim has been fully examined in accordance with Statutory Citation _____ and approved in the amount of \$ _____

Authorized Signature: _____

Title: _____

Date: _____

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Judgment Fund

Instructions for FS Form 197: Voucher for Payment

Please note that FS Form 197 is a two page form

- Item 1: Provide the amount due to payee (requests for separate payments require separate FS Forms 197).
- Item 2: Provide the name and telephone number for the Federal agency or office that submitted the claim(s).
- Item 3: Provide information to enable the payment by means of Electronic Funds Transfer (EFT). This information should be provided unless the payment is to be made by check. Note: 31 C.F.R. § 206.4 directs agencies to make payments by EFT whenever cost-effective, practical, and consistent with the law, and adds that the Treasury Department may require agencies to justify the use of non-EFT payment mechanisms. All fields in item 3 must be completed.
- Item 4: Provide the name of the Federal agency, Agency Location Code (ALC), Standard General Ledger (SGL) code, and Treasury Account Symbol (TAS).
- Item 5: Provide information to enable the payment to be issued by check and to be mailed by the U.S. Postal Service either to the Submitting Agency or directly to the claimant/plaintiff. Do not exceed 32 characters per line for the payee name(s) and address.
- Item 6: Provide information to enable the payment to be made using the Fedwire funds transfer system. Fedwire is operated by the Federal Reserve Banks and is generally used to make large-value, time-critical payments.
- Item 7: Provide the Taxpayer Identification Number (TIN) for each Party Entitled to Payment (PEP).
- Item 8: Provide this item for Contract Disputes Act (CDA), No FEAR Act, and Firefighters Fund payments.
- Item 9: Provide this item only if the payment is to be made in foreign currency.
- Item 10: This part need not be completed when another, separate, legally sufficient settlement agreement is signed by the claimant and a copy is submitted with the payment request.
- Item 11: To be completed by the agency approving official, if FS Form 197 is used as the settlement agreement.