

**U.S. Department of Justice
Debt Accounting Operations Group (DAOG)**

*****If you would like to schedule a recurring payment you must first register as a Pay.gov user.
Please return to Pay.gov's home page and click on "Click here to Register" before
filling out the form.**

* Denotes required information

* Payment Category: Civil Payment Criminal Payment

* Debtor Last Name: _____ * Debtor First Name: _____

* Address: _____

* City: _____ * State: * Zip: _____

* Phone Number (include area code): _____

Email Address: _____

* CDCS/USAO/Collection Office Claim Number: _____

SSN (Last four digits): _____

* Payment Amount: _____ example: 9999.99 (no commas)

* Payment Type: Checking/Savings Credit Card

* Are you paying for yourself or another party? Self Payment Third Party Payment