

**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: \_\_\_\_\_

\* Payment Type:     Checking/Savings     Credit Card

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