

**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

This form is for payments on Civil debts only.

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

* Address: _____

* City: _____ * State: _____

* Zip: _____

* Phone Number (include area code): _____

Email Address: _____

* CDCS Number: _____

SSN (Last four digits): _____

* Payment Amount: _____

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