

Bureau of Health Professions

March 18, 2005

To: Holders and Servicers Participating in the Health
Education Assistance Loan (HEAL) Program

Subject: Assignment of Judgments on Defaulted HEAL Loans
Lender Policy Memorandum L-2005-5

The purpose of this policy memorandum is to notify HEAL holders and servicers concerning the language to be used when assigning judgments on defaulted HEAL loans to the United States Department of Health and Human Services. Attached is a suggested form that should be modified to meet the requirements of any relevant State laws and to reflect the precise form of the judgment. For instance, if the judgment bifurcates attorney's fees and court costs from the principal and interest, then the assignment should indicate that only the judgment for the principal and interest is being assigned to the United States.

Beginning May 1, 2005 all default judgment claims received without the proper wording included in the assignment will be returned without payment. Thank you for your attention to this matter. If you have any questions, please contact Dick Horton at (301) 443-1541.

Sincerely,

Henry Lopez, Jr.
Director
Division of Health Careers Diversity
and Development

Court name
Address

Dear: (court name),

(Date)

ASSIGNMENT OF JUDGMENT

I, (employee's name), representing (lender's name), Assignor, in consideration of the insurance claim paid by the United States of America to (lender's name), hereby assign to the United States Department of Health and Human Services, Assignee, the judgment recovered on (date of the court's "file" stamp) docketed in (court's name), Case No. (XXXXXX), against (debtor's name as written on judgment), (debtor's SSN), in the amount of \$ (*enter the TOTAL amount of judgment*), less costs and attorney fees in the amount of \$ (*enter total of all costs & attorney fees listed in judgment. Note: insert -0-, if none are listed on the judgment*).

Assignor authorizes the Assignee to ask, demand, receive, and to sue out executions and take all lawful ways for recovery of the money due or to become due on this judgment.

Assignor has not done and will not do anything to hinder or prevent the United States of America from enforcing this judgment.

The (lender's name) address and phone number is: (lender's address, phone number).

The United States Department of Health and Human Services' address and phone number is:
5600 Fishers Lane, Room 2B-60, Rockville, MD 20857, 301 443-1782.

I have executed this assignment at (lender's name and address), on (date signed by lender).

(Signature)