



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services
Administration

Bureau of Health Professions

Rockville, Maryland 20857

May 22, 2006

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

Subject: Assignment of Judgment on Defaulted HEAL Loans Lender Policy
Memorandum L-2006-6

This policy memorandum supersedes policy memorandum L-2005-5 and will notify HEAL holders and servicers of the wording to be used when assigning judgments on defaulted HEAL loans to the United States Department of Health and Human Services. The attached suggested wording should be modified to meet the requirements of any relevant State laws and to reflect the precise format of the judgment. You will notice the new wording eliminates the debtor's social security number and amount of the judgment. In many instances it is necessary for us to file in multiple jurisdictions, for that reason, please execute three (3) original copies of the assignment of the judgment when submitting a claim package to the HEAL program. We are requiring the original assignments be signed in **blue ink** so the clerk can readily distinguish them from reproductions of the original.

Beginning July 1, 2006 all default judgment claims received that do not comply with Lender Policy Memorandum L-2006-6 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 López, Jr.
Director
Division of Health Careers Diversity
and Development

Attachment

(Court Name)
(Address of Court)

Dear Clerk of the Court,

(Date)

ASSIGNMENT OF JUDGMENT

I, (employee name), representing (lender name), in consideration of the funds paid by the United States of America, hereby assign to the assignee, the judgment recovered on (date of the court's "file" stamp) docketed in (court name), Case No. (XXXXX), against (debtor's name exactly as written on judgment).

Assignor authorizes the United States of America 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 Assignor's address is: (lender's name, mailing address, telephone number).

The Assignee's address is: United States of America, United States Department of Health and Human Services, Debt Management Branch, 5600 Fishers Lane, Room 8B-45, Rockville, MD, 20857, 301-443-1782.

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

(typed name of the signee)