



U.S. DEPARTMENT OF STATE
**CONFISCATION CLAIMS AGAINST
 NICARAGUA**

OMS APPROVAL NO. 1405-0083
 EXPIRATION DATE 03-31-95
 ESTIMATED BURDEN: 30 MIN.

PART 1 - GENERAL INFORMATION		
1. NAME	2. COMPANY	
3. ADDRESS		
4. TELEPHONE	5. FAX NUMBER	6. E-MAIL
7. REPRESENTATIVE (<i>Attorney</i>)	8. TELEPHONE	9. E-MAIL
10. DATE U.S. CITIZENSHIP ACQUIRED	11. PLACE	12. DATE OF THIS FORM
PART II – TYPE OF PROPERTY		
11. DESCRIPTION		
A. SHARE	NAME OF COMPANY _____ TYPE OF BUSINESS _____ LOCATION _____ DATE TAKEN _____ DATE OF CONFISCATION & DECREE _____ ENTITY CONTROLLING HOUSES _____ PERSON (ENTITY) OCCUPYING HOUSE _____	
B. HOUSE	LOCATION _____ DATE TAKEN _____ DATE OF CONFISCATION & DECREE _____ ENTITY CONTROLLING HOUSES _____ PERSON (ENTITY) OCCUPYING HOUSE _____	
C. LAND	NAME _____ SIZE OF LAND (<i>in manzanas</i>) _____ USE OF LAND _____ LOCATION _____ DATE TAKEN _____ DATE OF CONFISCATION & DECREE _____ AGENCY CONTROLLING LAND _____ PERSON (ENTITY) OCCUPYING HOUSE _____	
D. BUSINESS	NAME _____ TYPE OF BUSINESS _____ LOCATION _____ DATE TAKEN _____ DATE OF CONFISCATION & DECREE _____ AGENCY CONTROLLING IT _____ PERSON (ENTITY) OCCUPYING BUSINESS _____	

Public reporting burden for this collection of information is estimated to average 30 minutes per response including time required for searching existing data sources gathering the necessary data providing required and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DR) Washington D.C. 20520-0254, and to the office of information and regulatory affairs. Office of management and budget. Paperwork reduction project (1406-0083), Washington D.C 20503

E. OTHER	NAME _____
	TYPE OF PROPERTY _____
	LOCATION _____
	DATE TAKEN _____
	DATE OF CONFISCATION & DECREE _____
	AGENCY CONTROLLING IT _____
	PERSON (ENTITY) OCCUPYING _____

F. Was the property encumbered by debt at the time of loss? Yes No

Creditor _____ Date of last payment _____

G. Estimated Value of your claim in U.S. dollars: _____

PART III – EFFORTS TO RECOVERY PROPERTY

13. DID YOU FILE A CLAIM WITH THE PROCURADURIA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE (mm/dd/yy): ____/____/____	14. CASE NUMBER ASSIGNED
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15. DID YOU SEEK RETURN OF YOUR PROPERTY, OR COMPENSATION? <input type="checkbox"/> RETURN <input type="checkbox"/> COMPENSATION	16. CERTIFICATION ISSUED <input type="checkbox"/> FAVORABLE NUMBER: _____ <input type="checkbox"/> UNFAVORABLE
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17. DATE OF CERTIFICATION	18. DID CERTIFICATION COVER ALL YOUR CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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19. WHAT PROPERTIES WERE/WERE NOT COVERED? (Use continuation sheet)

20. DID YOU RE-REGISTER YOUR PROPERTY AT THE CIVIL REGISTRY (<i>Registro Civil</i>) AFTER CERTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	21. IF REGISTERED, PROVIDED INFORMATION (<i>i.e. date registered</i>)
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22. HAVE YOU TAKEN POSSESSION OF PROPERTY?	23. DOES A NICARAGUAN GOVERNMENT AGENCY CONTROL YOUR PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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24. IF YES, ARE COLLECTING RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. HAVE YOU BEEN COMPENSATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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26. Have you approached any agency of the Nicaragua government, in an effort to recover your property other than the National Review? If so, please name agency:

27. What legal efforts have you undertaken in Nicaragua to recover your property. Please indicate specific legal avenues you or your representatives have pursued in the Nicaraguan courts. Please name any courts to which you have appealed.

28. Have you requested assistance form the United States Government? If so.
 Embassy State Department Other: _____

PART IV – REMARKS

I authorize the United States Government to release the information contained herein to the Government of Nicaragua

_____ Signature _____ Date (mm/dd/yy)