

This form is available electronically.

FSA-321 (05-26-05) FINALITY RULE AND EQUITABLE RELIEF	USDA-FSA		1. State Name	2. County Name	3. Control No.	4. Program Year
	5. Program				6. Reference No.	
	7. Type of Request: (Choose one) Finality Rule <input type="checkbox"/> Misaction/Misinformation <input type="checkbox"/> Failure to Fully Comply <input type="checkbox"/>					
8. Participant's Name and Address						
9A. Fully Describe the Error						
9B. Who Made the Error?				9C. Who Discovered the Error? (OIG, COR, Producer, Etc.)		
10. State the Circumstances Under Which the Discovery Was Made						
11A. Finality Rule Effective Date (MM-DD-YYYY)				11B. Date Discovered (MM-DD-YYYY)		
12A. Incorrect Amount \$		12B. Correct Amount \$		12C. Difference Between Items 12A and 12B \$		
13A. For cases of misaction/misinformation or failure to fully comply specify the action the participant took, or failed to take, as a result of misaction/misinformation that was detrimental to the participant, or how the participant otherwise failed, in good faith, to fully comply with the requirements of the program.						
13B. All requirements for relief have been met in accordance with 7-CP. <input type="checkbox"/> Yes <input type="checkbox"/> No						
14A. Recommendation and basis for recommendation:						
14B. Signature (COC Representative)			14C. Title		14D. Date of COC Minutes (MM-DD-YYYY)	
15A. STC Action (Choose One) <input type="checkbox"/> requirements for equitable relief met; case within STC authority <input type="checkbox"/> requirements for equitable relief met; approval by DAFP recommended <input type="checkbox"/> requirements for relief not met						
15B. SED Action (Choose One) <input type="checkbox"/> relief granted under special authority, subject to OGC concurrence <input type="checkbox"/> DAFP approval recommended <input type="checkbox"/> finality rule applies						
15C. Signature (SED or STC)			15D. Title		15E. Date (MM-DD-YYYY)	
16A. CCC-184 or EFT Number			16B. Date of CCC-184 or EFT		16C. Amount of Refund \$	
For Cases of SED Request for Special Relief Approval Authority Only						
17A. OGC Signature			17B. OGC Action <input type="checkbox"/> Concur <input type="checkbox"/> Does not concur		17C. Date (MM-DD-YYYY)	
For Cases of DAFP Authority Only						
18A. DAFP Signature			18B. DAFP Action <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		18C. Date (MM-DD-YYYY)	

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.