

U.S. Department of Agriculture Agricultural Marketing Service Fair Trade Practices Program Packers and Stockyards Division	Claim Form for Livestock Sold (Clause 2, 3, 4) Issued Under Provisions of The Packers and Stockyards Act, 1921, as Amended and Supplemented
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State of (1) _____

County (2) _____

As the undersigned, I, (3) _____
(full name of claimant)

Of (4) _____
(Street, City, State and Zip+4)

(5) _____
(phone: home, cell)

(other contact information: fax number, email address)

being duly sworn, depose and state:

I make this claim to (6) _____
(name of surety or trustee, if applicable)

Select One:

<input type="checkbox"/> under the bond issued by (7a) _____ <i>(name of surety company)</i> <input type="checkbox"/> under the Trust Fund Agreement held by (7b) _____ <i>(name of trustee)</i> <input type="checkbox"/> under the Trust Agreement held by (7c) _____ <i>(name of trustee)</i>

on behalf of (8) _____
(full name and address of principal named in instrument checked above)

in the amount of (9) _____, due and owing for livestock purchased by
(10) _____
(full name and address of buyer)

as a dealer, as a market agency buying livestock on commission, as a market agency acting as a clearing agency, or as a packer

(11)

Date of Sale	Number of Head	Description of Livestock	Amount
			\$

Attached and made a part of this claim are copies of the account of purchase and other documents covering the livestock transaction, such as copies of checks issued and other documents indicating the sale of the livestock in question to such purchaser for which payment has not been made. *(If full and complete documents of the transaction are not available or if these documents have become lost or destroyed, the claimant should insert a statement below of the facts:)*

(12) _____

None of the claimed amounts has been paid, and there are no setoffs or counterclaims to the same.

I hereby authorize the Agricultural Marketing Service, Fair Trade Practices Program, Packers and Stockyards Division to release this proof of claim form and all the attached supporting documents to the trustee or other interested parties to facilitate the processing of my claim.

(13) _____
(signature and title of claimant)

(14) Subscribed and sworn to before me this day of _____, _____, 20____.

(15) _____
(signature of notary)

(16) Notary Public for the State of: _____

(17) Residing at: _____

My Commission expires:

(18) _____ (seal)

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