## Instructions to Complete Proof of Claim under Surety Bond Clause Two, Three and Four Form P&SP-2120

When you, as a livestock seller, have not received payment for livestock sold use this form to submit a claim against the livestock buyer's bond.

Mail two copies of the completed notarized form with accompanying documentation, to the regional office of the Packers and Stockyards Program as listed below. The states covered by each regional office are listed below their address. A copy should be retained in your files.

Regional Offices of the Packers and Stockyards Program					
Grain Inspection, Packers and Stockyards Administration					
Eastern Regional Office	Western Regional Office	Midwestern Regional Office			
Suite 230	3950 Lewiston St., Suite 200	Room 317			
75 Spring Street	Aurora, CO 80011-1556	210 Walnut Street			
Atlanta, GA 30303-3308	Telephone: (303) 375-4240	Des Moines, IA 50309-2110			
Telephone: (404) 562-5840	FAX: (303) 371-4609	Telephone: (515) 323-2579			
FAX: (404) 562-5848	e-mail:	FAX: (515) 323-2590			
e-mail:	PSPDenverCO.GIPSA@usda.gov	e-mail:			
PSPAtlantaGA.GIPSA@usda.gov		PSPDesMoinesIA.GIPSA@usda.gov			
States Covered	States Covered	States Covered			
AL, AR, CT, DC, DE, FL, GA, LA,	AK, AZ, CA, CO, HI, ID, KS, MT,	IA, IL, IN, KY, OH, MI, MO, MN, ND,			
MA, MD, ME, MS, NC, NH, NJ, NY,	NM, NV, OK, OR, TX, UT, WA, WY	NE, SD, WI			
PA, RI, SC, TN, VA, VT, WV					

If you have questions regarding completion of any portion of the bond claim form, please contact the Regional Office that covers the state where you reside for assistance.

In most instances, the regional office of the Packers and Stockyards Program will complete line numbers 6, 7, 8, 10, and 11. This is not a requirement, and the claimant may complete those items of the form.

The claimant(s) must complete line numbers 1, 2, 3, 4, 5, 9, 12, 13, and 14, and must sign line 15.

Line	Subject	Instruction		
No.				
1.	State	Enter the state where you live.		
2.	County	Enter the county where you live.		
3.	Full Name of Claimant	Enter your full name or your firm's name, respectively, as the		
		person(s)/firm making claim against the Principal's bond.		
4.	Complete Mailing Address	Enter the complete mailing address where you live.		
5.	Phone – home/cell	Enter home/cell number.		
6.	Name of Trustee	If a trustee has been named on the referenced bond, enter that name as		
	(if applicable)	listed on the bond on file with the Packers and Stockyards Program. If a		
		trustee is not required on the bond, enter "None Named", or leave this item		
		blank. If you do not know the name of the trustee, or whether a trustee is		
		required for the referenced bond, contact the regional office of the Packers		
		and Stockyards Program that covers your state.		
7(a)	Name of Surety Company	Enter the name of the surety company that wrote the bond for the Principal.		
		If you do not know the name of the surety, contact the regional office of the		
		Packers and Stockyards Program that covers your state.		

A NOTARY PUBLIC must complete line numbers 1	6 18	19 and 20 and sign line 17
A NOTART FODLIC must complete mile numbers 1	U, 1U	1.5 and $20$ , and sign interval.

Line	Subject	Instruction			
<b>No.</b>	Denesiterre	Enter the name of the depository scheme convity is hold. If we depository			
7(b)	Depository	Enter the name of the depository where security is held. If you do not know the name of the depository, contact the regional office of the Packers			
		and Stockyards Program that covers your state.			
7(c)	Name of Trustee	Enter the name of the trustee where the letter of credit is held. If you do not			
/(C)	Name of Trustee	know the name of the trustee, contact the regional office of the Packers and			
		Stockyards Program that covers your state.			
8.	Full Name and Address of	Enter the name of the Principal, as listed on the bond form. Include the			
0.	Principal Named in Bond	Principal's full address. If you do not know the name of the Principal,			
		contact the regional office of the Packers and Stockyards Program that			
		covers your state.			
9.	Amount of Claim	Enter the amount you are claiming against the Principal's bond. Be			
		reminded that you may only file your claim for the amount of livestock			
		sold, or other lawful charges, as allowed by 9 CFR 201.33 issued under the			
		Packers and Stockyards Act, 1921, as amended and supplemented.			
10.	Full Name and Address of	Enter the full name and address of the buyer that purchased the livestock.			
	Buyer	In many cases, this will be the same information as in Item 8. However, the			
		buyer may be a person/firm otherwise not listed on the referenced bond.			
		The buyer may be a packer buyer purchasing livestock under the packer's			
		bond, a clearee purchasing livestock under a clearing agency's bond, or an			
		employee of a registered firm purchasing livestock for said firm.			
11.	Name of Buyer	Enter the name of the buyer that purchased the livestock. This will be the			
10		same information as Item 10.			
12.	Date of Sale, Number of	Using the invoice(s) provided by you, as the seller, or the buyer, enter each			
	Head, Description of	of the date(s) the livestock was purchased, the number of head purchased,			
	Livestock, Purchase Price	what type of livestock was purchased, and the amount the livestock was purchased for.			
13.	Name of Buyer	Enter the name of the buyer that purchased the livestock from you, and took			
15.	Name of Buyer	possession of said livestock.			
14.	Statement of Facts	Attach copies of the invoices and/or other documents covering the livestock			
14,	Statement of Facts	transaction, copies of checks issued and unpaid for the livestock, and other			
		instruments indicating the delivery of the livestock. If the documents for			
		the transaction(s) are incomplete or unavailable, enter a statement of facts			
		of the transaction(s) in this section.			
15.	Signature and Title of	Sign the claim form and enter your title, if applicable.			
	Claimant				
	A Notary Public must complete Items 16, 17, 18, 19 and 20.				
16.	Subscribed and Sworn	Enter the date, month, and year the Notary signed the claim form.			
17.	Signature	The Notary must sign line 17.			
18.	Notary Public for the State	Enter the state where the Notary is licensed.			
10,	of	Litter the state where the rooting is needsed.			
	V-				

## THIS CLAIM MUST BE NOTARIZED BEFORE SUBMITTING TO THE DEPUTY ADMINISTRATOR, PACKERS AND STOCKYARDS PROGRAMS.

Enter the date the Notary's commission expires.

Enter the city where the Notary lives.

19.

20.

Residing At

My Commission Expires