

**Instructions to Complete
Proof of Claim under Surety Bond
Clause One
Form P&SP-2110**

Any person(s)/firm that sells livestock through a market agency, selling on commission (referred to as the Principal) that does not receive payment for said livestock has the right to submit a claim against the bond of the Principal. This form may be used to submit a claim against the Principal'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 its 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 Suite 230 75 Spring Street Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 e-mail: PSPAtlantaGA.GIPSA@usda.gov	Western Regional Office 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 e-mail: PSPDenverCO.GIPSA@usda.gov	Midwestern Regional Office Room 317 210 Walnut Street Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 e-mail: PSPDesMoinesIA.GIPSA@usda.gov
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NY, PA, RI, SC, TN, VA, VT, WV	AK, AZ, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, TX, UT, WA, WY	IA, IL, IN, KY, OH, MI, MO, MN, ND, NE, SD, WI

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.

A NOTARY PUBLIC must complete line numbers 16, 18, 19 and 20, and sign Item 17.

Line No.	Subject	Instruction
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 or Surety (if applicable)	If a trustee has been named on the referenced bond, enter that name as 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.

Line No.	Subject	Instruction
7a.	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.
7b.	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.
7c.	Name of Trustee	Enter the name of the trustee where the letter of credit is held. If you do not 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 Principal Named in Bond	Enter the name of the Principal, as listed on the surety bond. Include the Principal's full address. The Principal is also known as the "Selling Agency Registrant." 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 Selling Agency Registrant	Enter the full name and address of the selling agency where the livestock was sold. In many cases, this will be the same information as in Item 8.
11.	Name of Selling Agency/ Registrant	Enter the name of the selling agency that sold the livestock. This will be the same information as Item 10.
12.	Date of Sale, Number of Head, Description of Livestock, Amount	Using the invoice(s) provided by the selling agency, enter each of the date(s) the livestock was sold, the number of head sold, what type of livestock was sold, and the amount the livestock was sold for.
13.	Name of Selling Agency Registrant	Enter the name of the selling agency that sold the livestock. This will be the same information as Item 10.
14.	Statement of Facts	Attach copies of the account of sale and/or other documents covering the livestock transaction, copies of checks issued and unpaid for the livestock, and other instruments indicating the consignment 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 Claimant	Sign the claim form and enter your title, if applicable.
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 number 17.
18.	Notary Public for the State of	Enter the state where the Notary is licensed.
19.	Residing At	Enter the city where the Notary lives.
20.	My Commission Expires	Enter the date the Notary's commission expires.

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

U.S. Department of Agriculture Grain Inspection, Packers and Stockyards Administration Packers and Stockyards Program	Proof of Claim Under: 1. Surety Bond, (Clause 1) 2. Trust Fund Agreement, (Clause 1) 3. Trust Agreement, (Clause 1) 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) _____ (5) _____
(complete mailing address) (phone: home, cell)

(other contact information: fax number, email address)

being duly sworn, depose and state:

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

Select One:

<input type="checkbox"/> under the bond issued by the (7a) _____ <i>(name of surety company)</i>
<input type="checkbox"/> under the Trust Fund Agreement with security held by (7b) _____ <i>(depository, if one named)</i>
<input type="checkbox"/> under the Trust Agreement with letter of credit held by (7c) _____ <i>(name of trustee)</i>

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

in the amount of (9) _____, which is the proceeds from livestock sold by

(10) _____
(full name and address of selling agency/registrator) Clause 1

for my account on a commission basis. This claim is based on the following

described livestock which was sold on a commission basis for my account by

(11) _____
(name of selling agency/registrant) Clause 1

(12)

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

Attached and made a part of this claim are copies of the account of sale and other documents covering the livestock transaction, such as copies of checks issued and unpaid for the livestock sold by:

(13) _____
(name of selling agency/registrant) Clause 1

and other documents indicating the consignment of the livestock in question to such

agency for which payment has not been made. *(If full and complete documents of the transaction are not available or if these papers have become lost or destroyed, the claimant should insert a statement below of the facts in such respect:)*

(14) _____

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

I hereby authorize the Grain Inspection, Packers and Stockyards Administration, Packers and Stockyards Program to release this proof of claim form and all of the attached supporting documents to the trustee or other interested parties to facilitate the processing of my claim.

(15) _____
(signature and title of claimant)

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

(17) _____

(18) Notary Public for the State of _____

(19) Residing at _____

My commission expires

(20) _____ (seal)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0580-0015. The time required to complete this information collection is estimated to average 1 hour 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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