

U.S. DEPARTMENT OF AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE  
 SPECIALTY CROPS PROGRAM

1. REPORTING FIELD OFFICE

2. DATE

3. CASE NUMBER

**CIVIL PENALTY STIPULATION AGREEMENT**

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (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 to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

**SECTION I - INVESTIGATOR'S REPORT (Please type or print)**

4. NAME AND ADDRESS OF ALLEGED VIOLATOR

5. REGULATION ALLEGEDLY VIOLATED

6. DATE OF VIOLATION

7. DESCRIPTION OF VIOLATION

8. PREVIOUS VIOLATION

9. REMARKS

10. INVESTIGATOR'S NAME

11. INVESTIGATOR'S SIGNATURE

12. DATE

**SECTION II - STIPULATION OFFER (To be completed by AMS Official)**

Title 7, United States Code, Section 601-674 of the Agricultural Marketing Agreement Act of 1937, authorizes the Secretary of Agriculture to assess a civil penalty per violation against any person who violates the regulations cited in Item 5 above, after notice and opportunity for hearing on the record. Each day during which such violation continues shall be deemed a separate violation. However, AMS will agree to discontinue further action with regard to this alleged violation if you waive your right to notice and an opportunity for a hearing and agree to pay \$\_\_\_\_\_ in settlement of this matter. If you do not wish to settle this matter in this way, a complaint may be issued charging you with the violation cited in Item 5 and affording you an opportunity for a hearing. You should be aware, however, that the amount offered herein to settle this matter at this time shall not be relevant in any respect to the civil penalty which may be assessed after a hearing.

13. AMS OFFICIAL SIGNATURE

14. DATE

**SECTION III - STIPULATION AGREEMENT (To be completed by Receiver)**

**CERTIFICATION STATEMENT:** I certify that I have been advised of my right to a hearing in this matter and waive such hearing. I agree to pay the sum of \$\_\_\_\_\_ in full settlement.

15. SIGNATURE

16. DATE

**COPY 1 - AMS**

**COPY 2 - RETURN TO AMS UPON COMPLETION**

**COPY 3 - RECEIVER COPY**