

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**

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, 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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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 is 0581-0308. The time required to complete is estimated to average 1.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is also available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office or write a letter addressed to USDA and provided in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).



**Instructions to Complete  
Claim Form for Livestock Sold  
Clause 2, 3, & 4  
Form PSD 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 financial instrument.

Submit two copies of the completed notarized form with accompanying documentation, to the PSD regional office that covers your area. The Areas covered by each regional office are listed below the regional office's address. A copy of the completed notarized form and accompany documentation should be retained for the complainant's files.

<b>Regional Offices of the Packers and Stockyards Division Agricultural Marketing Service, Fair Trade Practices Program</b>		
<b>Eastern Regional Office</b> 75 Ted Turner Drive SW, Ste 230 Atlanta, GA 30303-3308 Telephone: (404) 562-5840 FAX: (404) 562-5848 E-mail: <a href="mailto:PSDAtlantaGA@ams.usda.gov">PSDAtlantaGA@ams.usda.gov</a>	<b>Midwestern Regional Office</b> 210 Walnut Street, Room 317 Des Moines, IA 50309-2110 Telephone: (515) 323-2579 FAX: (515) 323-2590 E-mail: <a href="mailto:PSDDesMoinesIA@ams.usda.gov">PSDDesMoinesIA@ams.usda.gov</a>	<b>Western Regional Office</b> 3950 Lewiston St., Suite 200 Aurora, CO 80011-1556 Telephone: (303) 375-4240 FAX: (303) 371-4609 E-mail: <a href="mailto:PSDDenverCO@ams.usda.gov">PSDDenverCO@ams.usda.gov</a>
States Covered	States Covered	States Covered
AL, AR, CT, DC, DE, FL, GA, LA, MA, MD, ME, MS, NC, NH, NJ, NL, NY, PA, PR, QC, RI, SC, TN, VA, VT, WV	IA, IL, IN, KY, MB, MI, MN, MO, ND, NE, OH, ON, SD, WI	AB, AK, AZ, BC, CA, CO, HI, ID, KS, MT, NM, NV, OK, OR, SK, TX, UT, WA, WY

If you have questions regarding completion of any portion of the bond claim form, please contact the PSD Regional Office that covers your area for assistance, as listed above.

In most instances, the PSD regional office 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, if known.

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 line 17.

Line No.	Subject	Instruction
1.	State	Enter the area 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 or financial instrument.

Line No.	Subject	Instruction
4.	Mailing Address	Enter your complete mailing address, street, city, state and zip+4
5.	Phone/home/cell, other contact information	Enter your home/cell phone number(s). Enter any other contact information where you may be reached (fax number, email address)
6.	Name of Surety or Trustee, (if applicable)	If a trustee is named on the referenced bond or financial instrument (document), enter that name as listed on the document on file with the PSD. If a trustee is not required on the document, enter the name of the surety listed on the surety bond. If you do not know the name of the trustee, or whether a trustee is required, contact the PSD regional office that covers your area
7a.	Name of Surety Company	Enter the name of the surety company who wrote the bond for the Principal. If you do not know the name of the surety, contact the regional office of the PSD which covers your area.
7b.	Name of Trustee - TFA	Enter the name of the trustee. If you do not know the name of the trustee, contact the regional office of the PSD which covers your area.
7c.	Name of Trustee – TA	Enter the name of the trustee. If you do not know the name of the trustee, contact the regional office of the PSD which covers your area.
8.	Full Name and Address of Principal Named	Enter the name of the Principal, as listed on the financial instrument. Include the Principal’s full address. If you do not know the name of the Principal, contact the regional office of the PSD which covers your area.
9.	Amount of Claim	Enter the amount you are claiming against the Principal’s financial instrument. Be reminded that you may only file your claim for the amount of livestock sold, or other lawful charges, as allowed by 9 C.F.R. 201.33 issued under the Packers and Stockyards Act, 1921, as amended and supplemented.
10.	Full Name and Address of Buyer	Enter the full name and address of the buyer that purchased the livestock. 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 caree purchasing livestock under a clearing agency bond, or an employee or agent of a registered firm purchasing livestock for said firm.
11.	Date of Sale, Number of Head, Description of Livestock, Sales Price	Using the available invoice(s) provided by the seller, or by the buyer, 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.

<b>Line No.</b>	<b>Subject</b>	<b>Instruction</b>
12.	Statement of Facts	NOTE: 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.
13.	Signature and Title of Claimant	Sign the claim form and enter your title, if applicable, in the presence of a notary public.
<b>A Notary Public must complete Items 16, 17, 18, 19 and 20.</b>		
14.	Subscribed and Sworn	Enter the date, month, and year the Notary signed the claim form.
15.	Signature	The Notary must sign line 17.
16.	Notary Public for the State of	Enter the state where the Notary is licensed.
17.	Residing at	Enter the city where the Notary lives.
18.	My Commission expires	Enter the date the Notary's commission expires.

**THIS CLAIM MUST BE NOTARIZED BEFORE SUBMITTING TO DEPUTY ADMINISTRATOR, AGRICULTURAL MARKETING SERVICE, FAIR TRADE PRACTICES PROGRAM, PACKERS AND STOCKYARDS DIVISION.**