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 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 line 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 (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.
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.

Line No.	Subject	Instruction
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 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 bond form. Include the 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 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 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 same information as Item 10.
12.	Date of Sale, Number of Head, Description of Livestock, Purchase Price	Using the invoice(s) provided by you, as the seller, or the buyer, enter each of the date(s) the livestock was purchased, the number of head purchased, 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 possession of said livestock.
14.	Statement of Facts	Attach copies of the invoices and/or other documents covering the livestock 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 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 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.