



**ANDREW M. CUOMO**  
Governor

**RICHARD A. BALL**  
Commissioner

**AGRICULTURAL PRODUCERS COMPLAINT/CLAIM FORM**

**Claimant**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**Dealer**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 County: \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

**AGAINST**

The undersigned hereby files with the Commissioner of Agriculture and Markets this complaint/claim against the above dealer. Claimant, deposes and says: That he is a New York State Agricultural Producer and a creditor of the above named person doing business as a dealer (includes commission merchant, net-return dealer, broker and processor); that said dealer was and still is justly indebted to said claimant in the sum of \$\_\_\_\_\_ DOLLARS for farm products produced within this State and grown by the claimant as listed below and delivered to or received by the dealer at (Business Address):

<u>DATE OF TRANSACTION</u>	<u>DATE TO BE PAID</u>	<u>PRODUCT</u>	<u>QUANTITY</u>	<u>AGREED PRICE PER UNIT</u>	<u>AMOUNT</u>

**BALANCE DUE CLAIMANT \$** \_\_\_\_\_

Are there any unpaid transactions that are not listed on this claim form?  Yes  No If yes, what were the transaction dates and the amounts unpaid? \_\_\_\_\_

At the time the claim transaction(s) took place, did you have a written agreement in place, which authorized payment beyond 30 days?  Yes  No If yes, attach a copy of the agreement.

Have you provided a written notice to the dealer to preserve your trust benefit?  Yes  No If yes, when was it provided to the dealer? \_\_\_\_\_  
(Month, Day, Year)

Attached is documentation including contracts, written agreements, receipts, accounts of sales, notices of sales, a statement describing the details of the claim, protested checks, if any, and any other papers relating to the shipment of said farm products with said dealer.

“I understand that the statements made in this claim will be accepted for all purposes as the equivalent of an affidavit and that any false statements made herein, may be punishable as a misdemeanor under the provisions of Section 210.45 of the Penal Law of the State of New York.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Social Security Number \_\_\_\_\_  
or  
Federal ID Number \_\_\_\_\_

\_\_\_\_\_  
Date

Office Use Only

<u>Status</u>	<u>Date</u>	<u>Auditor</u>
Case No. _____		
1. License Status <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
2. Complaint/Claim Resolved	_____	_____
3. Producer Audit	_____	_____
4. Dealer Audit	_____	_____