



Public Service Commission State of North Dakota

COMMISSIONERS

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GRAIN CLAIM FORM

Attached is a courtesy copy of the Grain Claim Form that is to be used if you wish to file a claim against the insolvent public warehouse and/or roving grain buyer identified in the Notice of Appointment as Trustee and Notice to File Claims.

The claim form is also available on our website via the following link:

<https://www.psc.nd.gov/forms/grain/Unpaid%20Grain%20Claim%20Form.pdf>

PLEASE NOTE: If you previously submitted your claim documents to the Commission, we request that you complete and file this form as well so we may ensure the accuracy of your claim and contact information (the second page of the form allows you to indicate that your documents were previously submitted).

During the processing and review of your claim and associated documentation, you may be contacted to answer questions or provide additional information.



GRAIN CLAIM FORM
PUBLIC SERVICE COMMISSION
 SFN 60853 (01/2019)

In accordance with North Dakota Century Code Chapters 60-02, 60-02.1, and 60-04:

Any person with a noncredit-sale receipt holder claim or any person with a credit-sale contract claim shall file the claim with the Public Service Commission. A claim must be filed within 45 days after the final publication of the "Notice of Appointment as Trustee and Notice to File Claims."

Any person filing a claim shall include receipts or other documentation sufficient to enable the Commission to determine the validity of the claim. This could include unsatisfied grain receipts, scale tickets, checks, cash contracts, credit-sale contracts, or other memoranda given by the licensee for, or as evidence of, the receipt, storage, or sale of grain.

Unless a claim is filed with the Public Service Commission within the time specified, the Commission is relieved of further duty or action on behalf of the receipt holder or credit-sale contract claimant and the receipt holder or credit-sale contract claimant may be barred from payment for any amount due.

FOR COMMISSION USE ONLY

PSC Case Number:

Civil Number:

CLAIMANT INFORMATION

Claimant Name (as used on income tax return)		Telephone Number	
Mailing Address		Email Address	
City	State	ZIP Code	

CLAIM AGAINST

Name of Grain Warehouse or Grain Buyer		Telephone Number	
Address		Email Address	
City	State	ZIP Code	

Did you make written demand for payment or redelivery if available? No Yes, date of written demand: _____

ADDITIONAL PARTIES WITH AN INTEREST IN THE CLAIM

List each interested party in this unpaid grain claim. Attach additional pages if necessary.

Name (as used on income tax return)		Telephone Number		
Mailing Address		City	State	ZIP Code
Email Address		Interest	% of Claim or \$ Amount	
Name (as used on income tax return)		Telephone Number		
Mailing Address		City	State	ZIP Code
Email Address		Interest	% of Claim or \$ Amount	
Name (as used on income tax return)		Telephone Number		
Mailing Address		City	State	ZIP Code
Email Address		Interest	% of Claim or \$ Amount	

CLAIM SUMMARY				
Use one line per commodity. Attach additional pages if necessary.				
Date	Type of Grain	Price per Bushel/CWT	Net Bushel/CWT Indicate Bu. or CWT below	Amount Owed
		\$	Bu. / CWT	\$
		\$	Bu. / CWT	\$
		\$	Bu. / CWT	\$
		\$	Bu. / CWT	\$
Total Amount of Claim			Bu. / CWT	\$
Briefly describe your claim using the space below. Please include any of the following: details of your agreement/contract, grain on storage, grain broker involvement, any additional information you wish to add.				

Are any offsets owed? No Yes, provide amount and detail.

CLAIM DOCUMENTS
<p>Attach copies of the following support documents if applicable to your claim:</p> <ul style="list-style-type: none"> • Scale Tickets • Warehouse Receipts • Settlement/Assembly Sheets • Purchase Contracts • Credit-Sale Contracts • NSF Checks • Written Demand for Payment or Redelivery sent to Grain Warehouse and/or Grain Buyer • Any additional information you wish to include.
<p>Please indicate below if your claim documents are enclosed or if they were previously submitted (<u>if applicable, check both boxes</u>).</p> <p style="text-align: center;"> Claim Documents Enclosed <input type="checkbox"/> Claim Documents Previously Submitted <input type="checkbox"/> </p>

NOTE: Lien searches will be done. If an active lien is found, any or each lien holder will be included as a payee on the check and a copy of the check will be mailed to the active lien holder(s).

Mail completed form and claim documents to:

Public Service Commission
600 E. Boulevard Ave., Dept. 408
Bismarck, ND 58505-0480

I certify under penalty of perjury that the information stated in and attached to this grain claim is true and correct.

Signature of Individual Filing Grain Claim	Date
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