



Department of Agriculture, Trade and Consumer Protection
Agricultural Producer Security Section
2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

Per Wis. Stat. § 15.04(1)(m), the following notice is provided: This form is authorized by Wis. Stat. §§ 93.07(2) and 126(70). Completing this form is voluntary. This form is subject to Wisconsin’s public records law, Wis. Stat. §§ 19.31 to 19.39. Therefore, personally identifiable information provided in this form might be used for purposes other than for which it was originally collected.

(Wis. Stat. § 126.70 – Recovery proceedings)

VEGETABLE PRODUCER DEFAULT CLAIM Date: \_\_\_\_\_

Vegetables sold to: \_\_\_\_\_

Claimant/Grower’s legal name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Type of Vegetable(s): \_\_\_\_\_

Delivery dates: \_\_\_\_\_

What date did you first learn about the default? \_\_\_\_\_

Total Value of Vegetables Delivered: \$ \_\_\_\_\_

Total Harvested Acres: \_\_\_\_\_

Seed Deduction (if any): \$ \_\_\_\_\_

Other Deductions (please specify): \_\_\_\_\_ \$ \_\_\_\_\_

Payments Received: \$ \_\_\_\_\_

Outstanding Amount Owed: \$ \_\_\_\_\_

Payments Received/Owed (please circle one) for Passed Acres: \$ \_\_\_\_\_

Total Passed/Abandoned Acres: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

Signature of claimant/grower (or claimant’s representative): \_\_\_\_\_

Please provide supporting documentation, including your contract, and submit claim to:

SCOTT MANTHEY
DATCP
AGRICULTURAL PRODUCER SECURITY SECTION-VEG
PO BOX 8911
MADISON WI 53708-8911

Claim/documents can also be emailed [scott.manthey@wi.gov] or faxed [(608)224-4937]

If you have any questions, please contact: Scott Manthey at (608) 224-4966.