

RESEA Claimant's Statement

Claimant's Name: _____

State ID: _____

If claimant is contacted, complete the following:

Statement taken by phone OR Statement taken in person

The Claimant states:

Claimant's signature: _____ Date: ____ / ____ / ____

Additional Comments (for RESEA staff use ONLY)

Staff's signature: _____ Date: ____ / ____ / ____