



**Section 2: Claimant Information**

Wage Claim number: \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last)

**Notarized / Witnessed Declaration**

If collection actions have begun, you must have this form notarized or witnessed by a Workforce Solutions Representative. If you FAX a copy to TWC, you must also mail the original form.

**THIS SECTION TO BE COMPLETED ONLY BY WORKFORCE SOLUTIONS STAFF OR NOTARY PUBLIC**

This document was signed before me on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by the above claimant.  
(Month) (Year)

\_\_\_\_\_  
Workforce Solutions Staff Printed Name

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
Workforce Solutions Staff Signature

**OR**

\_\_\_\_\_  
Notary Public Signature

Office No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_