

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: _____