

IMPORTANT LEGAL MATERIALS



FOR OFFICIAL USE ONLY

03

If the pre-printed information to the left is not correct or if there is no pre-printed information, please check the box and complete the information below:

Name: _____

Address: _____

City: _____

State: ____ Zip Code: _____

Email: _____

Telephone: (____) _____ - _____

PETITION FORM

United States v. Thomas J. Petters et al.
Case No. 08-364(RHK/AJB)

I. GENERAL INSTRUCTIONS

- A. To claim eligibility to receive a portion of the proceeds of assets criminally forfeited in connection with the prosecution entitled *United States v. Thomas J. Petters, et al.*, No. 08-364(RHK/AJB) (D. Minn.), you or your representative must fully complete this Petition Form. The Petition Form must be signed by you or your representative under penalty of perjury. If you fail to complete the Petition Form, you may be excluded from any recovery from this action.
- B. DO NOT use highlighter on the Petition Form or any supportive documents.
- C. Submission of this Petition Form does not guarantee that you will receive payment.
- D. You must mail your completed and signed Petition Form no later than September 13, 2012, addressed as follows:

Petters Remission Administrator
P.O. Box 2660
Faribault MN 55021-9660

- E. Failure to complete all sections completely may result in rejection of your petition.

II. PETITIONER IDENTIFICATION

- A. You have been identified as a potential victim in this case. Case records indicate that you invested funds with Thomas J. Petters, Petters Company Inc., or other associated entities, which may have resulted in a loss due to fraud.
- B. Use the preprinted name section at the top of this form to identify each victim(s). **THIS PETITION MUST BE FILED BY THE ACTUAL PETITIONER(S), OR THE LEGAL REPRESENTATIVE OF SUCH PETITIONER(S).**
- C. The Social Security (or taxpayer identification) number and telephone number of the eligible petitioner will be used in verifying the petition. Failure to provide this information could delay verification of your petition or result in rejection of the petition.





III. PETITION FORM

- A. Review Section I titled “Investment Information” to validate all required details of your investment transaction(s).
- B. Complete Section II titled “Additional Transaction Information” if there are changes to the transactions listed in Section I or if additional transactions are needed. Supporting documentation is required for “Additional Transaction Information” provided in Section II. Only complete, unaltered copies of investment statements will be accepted as adequate proof of additional transactions claimed. The investment statements must show the following transactional information: Investor’s name, date of transaction, description of transaction, and amount invested.
- C. A Petition Form received by the Remission Administrator shall be deemed to have been timely submitted when postmarked on or before September 13, 2012.
- D. You should be aware that a significant amount of time is needed to fully process all of the Petition Forms and make decisions on the petitions. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Petition Form.
- E. If the Petition Form is completed by a petitioner, then complete Section IV titled “Certification and Declaration of Petitioner.”
- F. If the Petition Form is completed by a petitioner’s representative or attorney, then complete Section V titled “Declaration of Represented Petitioner.”

Petitioner must review Section I, complete Section II and Section III (if necessary) and complete Section IV.

Representatives must review Section I, complete Section II and Section III (if necessary) and complete Section V.

Section I – INVESTMENT INFORMATION

The information on Line 1 below is based on the preliminary loss determination submitted to the U.S. District Court prior to the sentencing of Thomas Petters, and identifies the preliminary determination of your net principal loss. If this information is correct, please proceed to Section IV.

1	Net Loss - Amount determined by the United States Attorney’s Office (USAO) to be your total net principal loss.	
<p><i>If you do not agree that the amount on line 1 accurately states your net principal loss, please state the total amount of your investments in line 2. If you received money related to this case (for example, bankruptcy distributions or returns on your investment) please state the total in line 3. You must provide detailed information for the transactions and recoveries in Sections II & III. Net principal losses do not include fictitious earnings or collateral losses such as attorney fees, investigative costs, or foregone interest.</i></p>		
2	Total Investments – Total amount of all your payments to all Petters entities. <i>*Provide detailed information for these transactions in Sections II along with supporting documents.</i>	\$
3	Total Recoveries – Total amount of monies you received as a return on your investments, or as compensation for your losses from any source. <i>*Provide detailed information for these transactions in Sections III</i>	\$
4	Net Investment Loss – Line 2 minus line 3 =	\$

Section II – TOTAL INVESTMENTS

If you believe that the information shown in Section I, Line 1 is incorrect please itemize the total amount of your investments in the space below. You must provide supporting documentation in the form of negotiated checks, wire receipts, bank statements or other equivalent proof of your transactions.

	Investment Entity	Transaction Date	Amount
1			
2			
3			



Section III – TOTAL RECOVERIES

If you have received monies as a return on your investments, or as compensation for your claimed losses from any source, including bankruptcy distributions, refunds, earnings, dividends, or any other returns on your investment, please identify the returns in the space below.

1		
2		
3		

If additional space is required, please photocopy this page and attach.

Section IV – CERTIFICATION AND DECLARATION OF PETITIONER

Enter your Tax Identification number (TIN) in the appropriate area below: **This information is required.**

- Individuals, use your Social Security Number (SSN). (Resident alien, sole proprietor, or disregarded entity for U.S. federal tax purposes, see Part I or IRS Form W-9 instructions.)
- For sole proprietors, you must show your individual name, but you may also enter your business or “doing business as” name. You may enter either your SSN or your Employer Identification Number (EIN).
- For other entities, use your SSN or EIN.

SSN: _____ - _____ - _____ OR EIN: _____ - _____ (REQUIRED)

I (We) declare UNDER PENALTY OF PERJURY under the laws of the United States of America that:

1. the number shown above on this form is my current SSN or EIN; and
2. I (We) have read my (our) foregoing petition, including any attachments and enclosures, and that the petition including any attachments and enclosures is true and correct in every aspect.
3. I (We) affirm that, aside from any amounts listed in Section III, I (we) have not received any compensation from any other sources regarding this matter. In the event that I (we) receive any compensation for my (our) losses from any individual or litigation other than the present matter involving the United States, I (we) will immediately notify the Petters Remission Administrator.
4. I (We) understand that this petition will be governed by the regulations, including definitions of terms such as “victim” and “related offense” set forth in 28 C.F.R. Section 9.2 et seq.
5. I (We) understand the deadline for filing and returning this petition is the 13th day of September, 2012 and that the completed documents and all supporting documentation must be received by the Petters Remission Administrator, P.O. Box 2660, Faribault, MN 55021-9660 on or before that date. I (we) understand that if I (we) fail to comply with the deadline it may result in the denial of my petition.
6. I (We) have not authorized nor am I (we) aware of anyone else who has filed a Petition on my behalf for the same losses covered in this petition.
7. all notices regarding remission shall be sent to me at my (our) residence address set forth above, unless I (we) provide to you in writing any change of address.

Date Executed: _____ / _____ / _____ Signature of Petitioner: _____

Subscribed and sworn to me (affirmed) before me the undersigned authority on this _____ day of _____, 201____
at _____.

Notary Public: _____ My commission expires on: _____ / _____ / _____

SIGNATURE OF PETITIONER MUST BE NOTARIZED

NOTARY SEAL
(Here)



Section V – DECLARATION OF REPRESENTED PETITIONER (if Represented by an Attorney)

I, _____, declare under penalty of perjury that I have been duly authorized by above named petitioner to submit this petition on his/her behalf. Further, I agree to all terms set forth in this Petition Form, including Section IV – Certification and Declaration of Petitioner.

Signature: _____ Date: ____ / ____ / ____

Subscribed and sworn to me (affirmed) before me the undersigned authority on this ____ day of _____, 201 ____ at _____.

Notary Public: _____ My commission expires on: ____ / ____ / ____

SIGNATURE OF PETITIONER MUST BE NOTARIZED

NOTARY SEAL
(Here)

REMINDER CHECKLIST

<input type="checkbox"/>	1.	Signature Required – Sign the certification section. If this petition is submitted on behalf of Joint Accountholders, then both Petitioners must sign.
<input type="checkbox"/>	2.	Postmark Date – This form, with your required supporting documentation, must be postmarked on or before September 13, 2012.
<input type="checkbox"/>	3.	Mailing Address – Mail to: Petters Remission Administrator P.O. Box 2660 Faribault, MN 55021-9660
<input type="checkbox"/>	4.	Supporting Documentation – Remember to attach supporting documentation. Do NOT provide originals of checks or any other documentation. If the Petitioner’s name appears different on the supporting documentation, you must provide proof of name/bank account change (i.e. marriage certificate/divorce decree, death certificate or appropriate court documents). Required official supporting documentation includes: (a) bank account statements; (b) copies of negotiated checks; (c) wire transfer receipts; or (d) other equivalent proof of your transactions. All documentation must be legible and include your name, date of investment, total transaction amount. Please send copies of documents, not originals.
<input type="checkbox"/>	5.	Retain Copies of Submitted Documents – Keep a copy of your Petition Form and all documents submitted for your records.
<input type="checkbox"/>	6.	Notice of Address Change – If you move after submitting this Petition Form, please notify the Remission Administrator in writing, to the address above, of the change in your address.
<input type="checkbox"/>	7.	SSN/EIN Required – In Sections IV you must provide a Social Security Number or Employer Identification Number of the petitioner.