CLAIM INQUIRY FORM
Screen Actors Guild – Hollywood
5757 Wilshire Blvd, Los Angeles, CA 90036
PHONE: 323-549-6858
FAX: 323-549-6860
www.sag.org

INTAKE BY:	Date of (Circle One) Call / Letter / Visit:
Classification: ☐ Principal ☐ Stunt Performer ☐ Singer ☐ Dancer ☐ Voice Over ☐ Background ☐ Extra (commercial) ☐ Other (Specify: _____) Engagement: ☐ Daily ☐ 3-Day ☐ Weekly Salary: $	Production Type: ☐ Commercial ☐ Industrial ☐ Television ☐ Promo ☐ PSA ☐ Infomercial ☐ Theatrical ☐ Music Video ☐ Interactive

PERFORMER:	Social Security #:
Address:	Member #:
	E-mail:
Home Phone:	Agency/Agent:
Cell Phone:	Agent Contact #:

SIGNATORY:	Production Company:
Product (commercials only) :	Payroll Co:
Title:	Commercial ISCI/Episode #:
Session/Employment Date:	Casting Director, Producer, etc.:

Previous contact made in connection with claim? By whom? With whom? Please describe.
DESCRIPTION OF CLAIM: (If upgrade, please accurately describe what you're wearing and the scene you appear in)

I declare under penalty or perjury under the laws of the State of California that the foregoing is true and correct.
X _____

FOR OFFICE USE ONLY: Assigned to: ☐ LH ☐ BH ☐ KD ☐ AW ☐ CS ☐ FK ☐ MT ☐ AP ☐ CP ☐ LR ☐ JA		
Claim #:	Oracle #:	Issue:
Signatory Number:		Production Number:
Signatory Contact:		Production Contact:
Signatory Phone Number:		Production Phone Number:
Signatory E-mail/Fax #:		Production E-mail/Fax #:
Signatory Address:		Production Address: