

**CLAIM INQUIRY FORM – THEATRICAL/TELEVISION/NEW MEDIA –  
PRINCIPAL PERFORMERS – HOLLYWOOD**

Screen Actors Guild – Hollywood  
5757 Wilshire Blvd, Los Angeles, CA 90036  
Theatrical Department Phone : 323-549-6828 Fax: 323-549-6886  
Television Department Phone: 323-549-6835 Fax: 323-549-6874  
www.sag.org



<b>INTAKE BY:</b>	Date of (Circle One) Call / Letter / Visit:
<b>Classification:</b> <input type="checkbox"/> Principal Actor <input type="checkbox"/> Stunt Performer <input type="checkbox"/> Singer <input type="checkbox"/> Dancer <input type="checkbox"/> Voice-Over <input type="checkbox"/> Other (Specify: _____)	<b>Production Type:</b> <input type="checkbox"/> Theatrical <input type="checkbox"/> Television <input type="checkbox"/> Trailer/Promo <input type="checkbox"/> New Media
<b>Engagement:</b> <input type="checkbox"/> Daily <input type="checkbox"/> 3-Day <input type="checkbox"/> Weekly	

<b>PERFORMER:</b>	Agent/Contact #:
Address:	
Home Phone:	Cell:
Email:	
Social Security #:	Member #:

<b>SIGNATORY:</b>	Production Company:
	Payroll Co:
Title:	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)

<b>FOR OFFICE USE ONLY:</b>	
Claim #: _____ Oracle #: _____ Issue: _____	
Assigned to: _____	
Signatory Number:	Production Number:
Signatory Contact:	Production Contact:
Signatory Phone Number:	Production Phone Number:
Signatory Email/Fax#:	Production Email/Fax#:
Signatory Address:	Production Address: