FINANCIAL RESPONSIBILITY COMPLAINT

_____
KHRC File Number

TO THE KENTUCKY HORSE RACING COMMISSION:

I HEREBY FILE A COMPLAINT AGAINST: _____
LAST NAME FIRST NAME MIDDLE

_____
ADDRESS CITY STATE ZIP

_____
BIRTHDAY LICENSE TYPE LICENSE # SSN PHONE

FOR VIOLATION OF KRS SECTION 230.310, **FINANCIAL RESPONSIBILITY**, (THE ENABLING STATUTE) I ALLEGE AND COMPLAIN AS FOLLOWS:

1. _____ IS INDEBTED TO

   _____ IN THE AMOUNT OF $_____
   FOR SERVICES, SUPPLIES OR FEES CONNECTED WITH HIS OPERATION AS A LICENSEE AND THAT HE HAS WILLFULLY AND DELIBERATELY FAILED AND REFUSED TO PAY THE AMOUNT OF INDEBTEDNESS ALLEGED:

2. THAT ON _____, I NOTIFIED _____ OF HIS/HER INDEBTEDNESS. I MADE THIS NOTIFICATION ( ) IN PERSON, ( ) VIA REGISTERED OR CERTIFIED MAIL TO HIS LAST KNOWN ADDRESS (INCLUDE A COPY OF ANY CERTIFIED/REGISTERED MAIL RECEIPT). I HAVE RECEIVED NO PAYMENT OR ACKNOWLEDGEMENT OF SAME:

3. THAT I HAVE READ SECTION 230.310 OF THE KENTUCKY REVISED STATUTE AND I BELIEVE THIS COMPLAINT TO BE WITHIN THE PROVISIONS OF THE STATUTE.

4. THAT I HAVE ATTACHED TO THIS COMPLAINT , DOCUMENTATION OF THE SERVICES, SUPPLIES OR FEES ALLEGED TO BE DUE AND A JUDGMENT FROM A COURT OF COMPETENT JURISDICTION (EITHER A DOMESTIC JUDGMENT OR A FOREIGN JUDGMENT DOMESTICATED BY A KENTUCKY COURT)

5. THAT IN SUPPORT OF MY ALLEGATIONS AND COMPLAINT, I WILL APPEAR UPON NOTICE BEFORE A HEARING OFFICER APPOINTED BY THE KENTUCKY HORSE RACING AUTHORITY, OR ANY OTHER REFERREE APPOINTED BY THE AUTHORITY, TO GIVE EVIDENCE AT ANY HEARING ON THIS MATTER.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

_____
SIGNATURE OF COMPLAINANT DATE

_____
COMPLAINANT NAME (PRINTED) KHRC LICENSE SSN

_____
ADDRESS CITY STATE ZIP PHONE