



**Solar Energy System Restitution Program Claim**

The Contractors State License Board (CSLB) has received special, one-time funding from the Legislature for a Solar Energy System Restitution Program (SESERP). This program is intended to provide restitution to homeowners who suffered an unpaid financial loss after contracting for the installation of a solar energy system. Restitution payments will only be available until appropriated funds are exhausted. Claimants must meet specific criteria, and CSLB has exclusive authority to determine who is eligible for payment from the fund. Check your eligibility for this program by completing section 1 below:

**1 Eligibility** – Please check all of the following that apply:

- I entered into a contract for the installation of a solar energy system on or after January 1, 2016.
- My home is a single-family residence, and the solar system was installed at that residence.
- The contract and/or the installed system showed evidence of poor workmanship, incomplete work, fraud, misrepresentation, work not completed for the agreed-upon price, or other violations of Contractors' License Law.
- I suffered a financial injury or loss as a result of the contractor's actions.

If you checked **all** of the above boxes, you may be eligible for reimbursement. Please complete the remaining sections on both sides of this form to initiate your claim.

**2 Identification**

|   |                                 |
|---|---------------------------------|
| Your Name (Last, First, Middle)                         | Phone Number                    |
| Street Address  | Email Address                   |
| City/State/ZIP  | Your Electrical Utility Company |
| Contractor's Name (Last, First, Middle or Company Name) | CSLB License Number (if known)  |
| Contractor's Address                                    | Phone Number                    |
| City, State, Zip  | Email Address                   |

**Continue on reverse** ⇨

**FOR CSLB USE ONLY**

|  |    |                               |    |    |
|--|----|-------------------------------|----|----|
| <input type="checkbox"/> Prior <input type="checkbox"/> New Complaint  | #  | Claim Amount / Adjustment     | \$ | \$ |
| Claim Received Date  |    | Actual Financial Injury       | \$ |    |
| <input type="checkbox"/> Eligible <input type="checkbox"/> Verification Claim <input type="checkbox"/> Appraisal Claim |    | Arbitration - Sent / Returned |    |    |
| Complaint File Req / Received  |    | Arbitration Amount            | \$ |    |
| Contact Date(s)  |    | Review Panel Sent / Ret'd     |    |    |
| Complaint Form Req / Rec'd   |    | Review Panel Amount           | \$ |    |
| Documents Req / Rec'd  |    | Chief Sent / Returned         |    |    |
| Transferred to IC / Returned   |    | Award Letter Sent             |    |    |
| IE Amount  | \$ | DCA Sent/Suspense Dates       |    |    |
| IC Recommends Amount   | \$ | Final Award Amount            | \$ |    |

### 3 Basis for Claim

- I previously filed a complaint with CSLB about my contractor which resulted in disciplinary action. (Please enter the CSLB complaint number, if known: \_\_\_\_\_ )
- A civil court has already heard this matter, court proceedings have ended, I received a judgment award against the contractor, and that judgment has not been paid. (Please attach a certified copy of the civil court judgment with the dollar amount of damages.)
- This matter was previously heard in criminal court, proceedings have ended, a financial injury or restitution order was established, and I have not been paid. (Please attach a certified minute order or other court document showing the amount of financial injury or restitution.)
- None of the above. I am requesting new consideration of my claim by CSLB.

### 4 Claim Amount

Please enter the dollar amounts and explanations in the table below:

|           |  |    |
|-----------|--|----|
| <b>1.</b> | <b>Amount of financial loss or injury</b><br>Note: Include only <i>financial</i> losses. Do not include "emotional duress," etc. | \$ |
|           | <i>Describe what caused the financial loss and when the loss occurred. Attach more pages if needed.</i>                          |    |
| <b>2.</b> | <b>Amount recovered from other sources</b><br>Note: Do not include judgments or restitution that were not paid to you.           | \$ |
|           | <i>What was the source(s) of the recovered amount(s) and the date(s) paid?</i>   |    |
|           | <input type="checkbox"/> I have not recovered any of my financial loss.  |    |
| <b>3.</b> | <b>Total amount of claim – Subtract line 2 from line 1</b>   | \$ |

### 5 Certification

I declare under penalty of perjury that all information contained on this form is true, correct, and complete to the best of my knowledge. I agree that I will assist in CSLB's investigation and possible prosecution of the contractor or other responsible parties. I further agree that I will, if necessary, attend arbitration or hearings and testify to the facts as alleged on this form.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

### 6 Return via Email or US Mail to:

[rebeccca.lyke@cslb.ca.gov](mailto:rebeccca.lyke@cslb.ca.gov) or

Contractors State License Board  
Enforcement Division  
Attn. Rebecca Lyke  
9821 Business Park Drive  
Sacramento, CA 95827