**DEPARTMENT OF CHILDREN AND FAMILIES**

**LEGAL**

Division of Management Services

Bureau of Finance

P.O. Box 8916

Madison, WI 53708-8916

**AFFIDAVIT OF LOST, DESTROYED, OR STOLEN CHECKS OR BENEFITS**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)m), Wisconsin Statutes].

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| --- | --- | --- | --- | --- | --- |
| **AFFIDAVIT OF LOST, DESTROYED, OR STOLEN:**  **DEFRA Check Payment**  **Child Care**  **Tax Intercept Payment**  **EOG/LOC Payment**  **WI Works (W-2) Payment**  **DVR Payment** | Agency | | | Case or Provider Number (if applicable) | |
| Payment Amount  $ | Payment Date | | | Replacement Date |
| Check Number (Missing Check) | | | Benefit/Issuance Number (If applicable) | |
| 1. Claimant Name (please print) | | | | 1. Telephone number | |
| 1. Current address | | | | 4. Date moved to this address | |
| 1. Previous address (if you moved within the last month) | | | | 6. Date moved to this address | |
| 7. Did you notify the agency of your move?  Yes  No  Not Applicable | | | | 8. Do you have a locked mailbox?  Yes  No | |
| **AFFIDAVIT** | | | | | |
| 9. My payment of allotment is missing because:  It was not received through the mail  It was received, but subsequently destroyed  It was stolen from my mailbox  It was stolen or extorted from  me, in person  a member of my family (name)  Other (specify)  **NOTE: If a witness was present, print witness’ name, address and telephone number in #11** | | | | | |
| 10. (FOOD STAMPS ONLY)  Good  Damaged  Sealed  Unsealed | | | | | |
| 11. Was a witness present when the envelope was opened?  Yes  No  If “Yes,” print witness’ name, address, and telephone number | | | | | |
| 12. I certify, under penalty of criminal law, that neither I nor any member of my family (household) has received, directly or indirectly, or spent the payment of Food Stamp allotment described as missing above. I agree that if I find or subsequently receive the missing payment or allotment, I will return it to the agency. The information above is true and complete to the best of my knowledge. I understand that I may be subject to criminal penalties if any part of the above information is false. | | | | | |
| Signature of claimant/participant (or, **for Food Stamps only**, participant’s representative) | | | Claimant/participant signature | | |
| Signature of witness | | | Witness signature | | |
| Witness’ address | | | | | |
| Signature of agency/tribal representative (if applicable) | | | Agency/tribal representative signature | | |