**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].

|  |  |  |
| --- | --- | --- |
| **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 [ ]  NoIf “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      |