

AFFIDAVIT OF LOST, DESTROYED, OR STOLEN CHECKS OR BENEFITS

AFFIDAVIT OF LOST, DESTROYED, OR STOLEN: <input type="checkbox"/> DEFRA Check Payment <input type="checkbox"/> Child Care <input type="checkbox"/> Tax Intercept Payment <input type="checkbox"/> EOG/LOC Payment <input type="checkbox"/> WI Works (W-2) Payment <input type="checkbox"/> 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)			2. Telephone number	
3. Current address			4. Date moved to this address	
5. Previous address (if you moved within the last month)			6. Date moved to this address	
7. Did you notify the agency of your move? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			8. Do you have a locked mailbox? <input type="checkbox"/> Yes <input type="checkbox"/> 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