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

**AFFIDAVIT OF LOST, DESTROYED, OR STOLEN:**

<table>
<thead>
<tr>
<th>DEFRA Check Payment</th>
<th>Child Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Intercept Payment</td>
<td>EOG/LOC Payment</td>
</tr>
<tr>
<td>WI Works (W-2) Payment</td>
<td>DVR Payment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency</th>
<th>Case or Provider Number (if applicable)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payment Amount</th>
<th>Payment Date</th>
<th>Replacement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ____________</td>
<td>$ __________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check Number (Missing Check)</th>
<th>Benefit/Issuance Number (If applicable)</th>
</tr>
</thead>
</table>

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?  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

DCF-F-82 (N. 01/2009)