



AFFIDAVIT OF LOST, MISSING, OR STOLEN CHECK

I, _____, being first duly sworn upon oath, depose and state the following:

- 1. A check (s) was issued by the ILLINOIS STATE DISBURSEMENT UNIT, which is identified as follows: Affidavit may only be used for up to two checks per docket number.

Issuing County:

Docket Number:

Table with 3 columns and 4 rows: Check Number, Issue Date, Amount, Payable To.

- 2. That the above-described check [] HAS [] HAS NOT been received by me.
3. That the above-described check has been [] LOST [] STOLEN [] MISSING [] DESTROYED
4. That by this affidavit I am requesting that the ILLINOIS STATE DISBURSEMENT UNIT place a STOP PAYMENT on the above-described check and to reissue a replacement check.
5. I, _____, further understand that by presentation of this affidavit and the issuance of a replacement check by the Illinois State Disbursement Unit that I can be held legally liable both under criminal and civil laws of the State of Illinois if I should attempt to cash or present the above described check (s) to any bank, financial institution, currency exchange, or any other third party.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 20____,

Notary Public

Original notarized form MUST be mailed to the ILSDU. Faxed copies will not be accepted.