



**DELAWARE HEALTH & SOCIAL SERVICES  
DIVISION OF CHILD SUPPORT SERVICES**

**AFFIDAVIT OF FORGERY FOR CHECK LOST OR STOLEN**

PAYEE INFORMATION		TO BE COMPLETED BY WORKER	
Name:		Case Number:	
Address:		Check Number:	
		Check Date:	
		Check Amount:	
Daytime Phone #:		Worker Code:	

I, \_\_\_\_\_ (Print) being duly sworn, do hereby depose and say that I have not endorsed said check. If said check is endorsed, the signature thereon is not my signature and that the said endorsement appearing thereon purporting to be mine was affixed to said check by person or persons unknown to me and without any authority from me to do so. I further depose and say that I have not received the benefits or proceeds of the said check, and if said check is found I hereby agree to return it immediately to the Division of Child Support Services. It has been explained to me and I know that I can be prosecuted for false statement.

\_\_\_\_\_  
(Attest)  
Signature of Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Optional)  
Signature of any witness (non-notary) to Payee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary Signature)

Sworn and subscribed to, **before me**, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires on \_\_\_\_\_.

**\*\*\*PLEASE READ BEFORE SUBMITTING FORM TO DCSS\*\*\***

- Affidavit of Forgery must be made in triplicate. Signatures on all three copies must be original.
- A separate Affidavit of Forgery must be made for each check alleged lost or stolen. Do not list more than one check on this document.
- Do not attempt to cash any check for which an Affidavit of Forgery claim has been completed. DCSS will immediately place a stop payment on the said check once the forgery claim is received.
- Once the Affidavit of Forgery is submitted to the bank, the bank may take an average of 90 days to research before it is determined whether a replacement check can be issued.