



AFFIDAVIT OF FORGERY/ALTERED ITEMS TO STATE OF ARIZONA

I, \_\_\_\_\_ Claimant/Payee Name

(Tax Identification Number or Social Security Number)

being duly sworn, deposes and says as follows:

I am the payee/authorized representative of the payee state warrant no. \_\_\_\_\_, in the amount of \$ \_\_\_\_\_, drawn by the Director, Department of Administration, on the State Treasurer of Arizona, dated \_\_\_\_\_. A copy of the subject warrant is attached.

(Original Payee on Front of Warrant)

(Warrant Number - 9 Digits) (Date)

Forged Endorsement Claim

I have examined a copy of the warrant, and believe the endorsement on the back of said warrant is a forgery. I did not endorse the item and the payee did not authorize the endorsement. The Payee has not received the money directed to be paid by said warrant, nor any part thereof.

(Amount of Warrant) (Altered Amount if Applicable)

(Endorsement on Back of Warrant or Altered Warrant Payee)

Altered Amount

The amount of the item was changed from the original amount to the changed amount. I did not alter the amount of the item nor was any person authorized to make such alteration by the payee.

(Claimant or Authorized Representative Signature) (Date)

(Claimant or Authorized Representative Signature) (Date)

Alteration, Addition or Deletion of Payee Claim

The Payee's name on the item described below was altered to make it payable to a person other than the original Payee. I did not alter the Payee's name nor was any person authorized to alter the Payee of the subject warrant.

(Claimant's Address)

(City) (State) (Zip Code)

Witnesses:

(Witness are required only when the person signing the claim is unable to write his/her name and must sign with an 'X', thumbprint, or other method.)

(Email Address) (Phone Number)

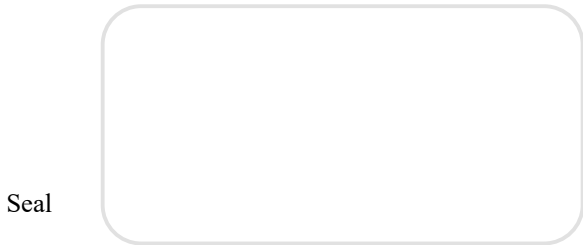
I declare under penalty of perjury that the foregoing is correct.

(Witnesses Signature if Applicable) (Date)

To be completed by a Notary Public for Claimant(s):

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Notary Signature: \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

Fill out this form when, after examination of warrant and endorsement, forgery/alteration is claimed. SIGN THREE legible copies of the completed form in the presence of a notary and send ALL three signed and notarized forms to the address at the right.

Department of Administration General Accounting Office 100 N. 15th Avenue, Suite 302 Phoenix, Arizona 85007

PLEASE NOTE: THE CLAIMANT AND THE NOTARY MUST HAVE ORIGINAL SIGNATURES ON EACH OF THE THREE COPIES.