

**Mississippi Department of Human Services
Division of Budgets & Accounting**

LOST WARRANT REPLACEMENT REQUEST

The State Treasurer’s Office **STOP PAYMENT REQUEST** form and the original **LOST WARRANT REPLACEMENT REQUEST** for must be sent directly to the STATE TREASURER’S OFFICE prior to the replacement of any lost warrant.

AFFIDAVIT FOR REPLACEMENT OF LOST WARRANT

Warrant Number _____ Original Issue Date _____
Warrant Amount \$ _____ SAAS Vendor Number _____
Payee Name _____

As the Payee, Authorized Payee’s Representative or Agency Representative having knowledge of the facts I certify that the above referenced warrant has been lost or destroyed and requested that a replacement warrant be issued.

Printed Name _____ Signature _____

THE STATE OF _____ COUNTY OF _____
TOWN OF _____

Personally came and appeared before me, the undersigned authority in the jurisdiction aforesaid, the within named _____ who after first being placed on his/her oath, and having been established as a credible person with knowledge, did state that the matters contained within the above and forgoing Affidavit are true and correct as therein stated.

Sworn to and subscribed before me, on this the _____ day of _____, 2_____

Commission Expiration Date

Notary Public

Agency Name _____

Contact Name _____ Phone Number _____

Email Address _____

REQUEST FOR DUPLICATE CHECK

Personally appeared before me the undersigned authority in and for said county of _____ and State of _____ who, on oath, states the following facts to wit: I, _____, state as a fact under oath that the check for the **Child Care Payments**:

- Has never been received, endorsed or cashed by me.
- Was received but has been lost, misplaced or stolen and I have not personally benefited whatsoever by the receipt of said check or the proceeds from same.

I further state, on oath, that I did, I did not endorse the check.

PAYABLE TO: _____

Whose present complete Mailing address is: _____

County: _____ Co. No. _____

Case/Provider No. _____ Date of Check: _____

FOR STATE OFFICE USE		
Original Check Number	\$	_____
		Amount
Duplicate Check Number	\$	_____
		Amount
	Date	Employee
Verified as correct	_____	_____
Check not in file as of	_____	_____
Mailed duplicate check	_____	_____

I hereby further state an oath that because of the foregoing facts I hereby make formal request for the issuance of a duplicate of the above described check with the understanding that I shall be **PERSONALLY RESPONSIBLE** for the original check described above should proof satisfactory to the law enforcing agencies of the above named county and state and/or by the Mississippi Department of Human Services (MDHS) be developed that representations, under oath, made by me herein are not true; I hereby state further on oath and hereby pledge myself to protect the state against any loss should the original check be paid and should the duplicate check herein applied for be also issued and paid because of any misrepresentation, under oath, on my part; and I further pledge that I will give full cooperation to the law enforcement authorities of the above named county and state as well as to MDHS in the prosecution of any person who obtained my check or aided or abetted any other person to obtain my check unlawfully.

Additional remarks of CLAIMANT: _____

Signed _____ () _____
 (Mark) DATE

Witness _____ Witness: _____

Personally appeared before me the foregoing _____ who expresses and says that the above statements are true and correct to the best of his or her knowledge and belief, who signed the above statement in my presence.

Signed _____
 (NOTARY PUBLIC) (DATE)

- I recommend issuance of a duplicate check. Signed _____
- I do not recommend issuance of duplicate check. (See attached) (DECCD DIRECTOR)