

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 form 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 request 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 _____, 20____

Commission Expiration Date _____ Notary Public _____

Agency Name _____

Contact Name _____ Phone Number _____

E-mail Address _____

TANF TWP FSE&T
County _____
Name _____
Case Number _____
ID Number _____

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 listed below for the
- Temporary Assistance for Needy Families (TANF)
 - TANF Job Retention Bonus Payment
 - Food Stamp Employment & Training (FSE&T) Reimbursement
 - Foster Board Payment
 - ECCD - Child Care Payments

- TANF Child Care
- TWP Transportation
- TANF Basic Needs
- Transitional Transportation
- TWP Participation Stipend
- FSE&T Work-Related Expense
- TWP Work-Related Expense

- Has never been received, endorsed or cashed by me.
- Was received but has been lost, misplaced or stolen and I have not personally benefitted 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	_____

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 State Department of Human Services 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 the State Department of Human Services 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 (to be expressed in first person): _____

Signed _____ () _____
(Mark) DATE

Witness _____ Witness: _____

Personally appeared before me the foregoing _____ who proposes 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.
 I do not recommend issuance of a duplicate check. (See attached)

Signed _____
(COUNTY DIRECTOR)

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**REQUEST FOR DUPLICATE CHECK
FORM MDHS-EA-120**

PURPOSE

This form is a legal affidavit, which must be typed and notarized, designed to protect the client, subsidized employers and the Department of Human Services from forgers and for use by banks, bonding companies, businesses and other institutions in the prosecution of persons guilty of such law violations.

GENERAL INSTRUCTIONS

Prepare one original of MDHS-EA-120 for each duplicate check requested and have witnessed and notarized, after which the county director affixes his signature. The original must be signed by affiant and County Director. A person authorized to sign for the director may do so; however, a signature stamp may not be used. Mail the original to the Division of Budgets and Accounting, Contracts/Client Services, and retain a copy in the individual's case record.

The worker will explain to the affiant that he will be required to pay the notary fee, unless free service can be arranged. He should be advised he will have additional expense of notarizing Form MDHS-EA-120A should this become necessary. The worker must explain to the affiant that legal action will be taken against the person or persons responsible for the illegal cashing of a TANF, TWP supportive services, TWP employer subsidy reimbursement, TWP supplemental check or FSE&T reimbursement check and that he agrees to cooperate in the prosecution if requested.

Information in the box on the right side of this page, "For State Office Use," will be entered by the State Office staff. All remarks by affiant must be recorded verbatim. No changes may be made on the form after it has been notarized. It is therefore imperative that the form be executed with correct information. If changes are needed, a new MDHS-EA-120 will have to be executed.

A duplicate check will be issued upon receipt of the affidavit; however, in certain cases, issuance of the duplicate will be delayed until the State Office has a complete report on the original check.

FOLLOW-UP ON FORM MDHS-EA-120

In the event the duplicate check has not been received by the claimant within two weeks time, or the County Director has had no notice from the State Office verifying payment of the original check, the Director may write a follow-up letter stating the date of mailing of the MDHS-EA-120. A second MDHS-EA-120 should not be sent in order to avoid the possible issuance of two duplicate checks as well as unnecessary expense to the affiant. The reply from the State Office will state the reason a duplicate was not issued or request completion of a second MDHS-EA-120. On the issuance of duplicate checks, the Division of Budgets and Accounting, Contracts/Client Services, will make the final decision, based on past requests and subsequent investigations.

Warn affiant against cashing two checks for the same month. Advise the claimant that if, after signing MDHS-EA-120, he receives and cashes both original and duplicate checks, he must refund

the amount for one check within ten days after discovery or he will be liable for prosecution for perjury or for fraud.

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The worker must carefully explain to the affiant that he/she must call the county office upon receipt of the check, BEFORE ATTEMPTING TO CASH OR DEPOSIT THE CHECK, to verify that it is the replacement check rather than the original payment which has been canceled.

If the check number that the claimant received is the original check (check number information is on ISHI Screen), the person must be told that this check payment has been stopped and the check cannot be cashed. The person must return this check to the county to forward to Contracts/Client Services with a MDHS-EA-121 explaining that a duplicate check has been requested. The claimant must wait until the requested duplicate check is received in order to legally cash the check.

DETAILED INSTRUCTIONS

Program: Check the appropriate block to identify the Program the check requested is for.

County: Enter the county name.

Name: Enter the client's name.

Case Number: Enter the client's case number.

ID Number: Enter the client's identification number.

County: Enter county in which the affidavit is completed.

State: Enter the state in which the affidavit is completed.

Name: Enter the name of the claimant/affiant.

Type of Check: Check the appropriate block to indicate the type of check for which a duplicate is requested.

Date: Enter the date this form is signed, witnessed and notarized.

Reason Duplicate Check Requested: Check the appropriate block to indicate the reason for requesting a duplicate check.

Has never been received, endorsed or cashed by me: Check if applicable.

Was received but has been lost, misplaced or stolen and I have not personally benefitted whatsoever by the receipt, etc. If this item is checked, complete one item on the next line.

Endorsement: Check the appropriate block to indicate whether the check was or was not endorsed.

I did I did not endorse the check: If "I did" is checked, then this affidavit must be unqualified. Strike out the phrase, "because of any misrepresentation, under oath, on my part," lines five (5) and six (6) in the following paragraph below. Advise the payee that he will be responsible for the original check if it is cashed, even if he received no benefit.

If this form is being executed by someone other than the payee, it will be necessary to determine that this person is entitled to a duplicate of the check. Such request must be submitted as an unqualified affidavit as outlined above. This applies in cases when a merchant has cashed a check and it has been lost, or at anytime the affidavit is executed by anyone other than the payee of the check.

Payable To: Enter the name of the grantee exactly as shown on the TANF/Food Stamp case or the provider name and ID as shown in JAWS/MAVERICS.

Present Mailing Address: Enter the current address even though the original check went to a different address. This is the address to which the duplicate will be mailed, unless the claimant gives other instructions for mailing.

County: Enter the county which issued the original check, not necessarily the county in which the affiant makes the affidavit.

County No.: Enter the number of the county which issued the original check.

Case/Provider Number: Enter the case or provider number as shown on the check register.

Date of Check: Enter the month and year of issue. Do not enter day.

Oath: Read the oath to the claimant or have him read it.

Additional Remarks: Record in the affiant's own words a brief statement of the circumstances warranting this affidavit, including any information the affiant has to offer such as efforts made to recover a lost or stolen check. If the check was destroyed, he should state the circumstances. Record this in the first person, "I, etc."

Date and Signed: Affiant must date and sign his name if possible, even though he customarily signs by mark. If he cannot write his name, he must personally affix his mark. A signature by mark must be witnessed and notarized.

Witnesses: No witness is necessary if the affiant signs his name, not a mark. Two witnesses are necessary if the affiant signs by mark. Both witnesses may be Department of Human Services employees.

Notary Public and Date: The Notary Public must sign, date and affix his notary seal in this space.

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County Director's Recommendation: The county director must check the appropriate block to indicate his recommendation that a duplicate check be issued. If the director has information which prevents his recommending issue of the duplicate, such as doubt of the truth of statements made or doubt of the payee's competence, or if he has additional information which will expedite the decision to issue a duplicate, he should record this separately and attach to Form MDHS-EA-120.

Signed: After the notary seal has been affixed, the county director or an authorized person must sign his name if he recommends issuance of a duplicate check. However, a signature stamp cannot be used.