

AFFIDAVIT OF LOST CHECK

The information in this section is to be either completed or supplied by the Clerk of District Court's Office

Civil Docket Number: _____ Check Number: _____
POSSE Case Number: _____ Amount: _____
NCP/Payor Name: _____ Issue Date: _____

Mailed to Payee at last known address on file in District Court as listed below: _____
Mailing Date

Name	Mailing address	City/State/Zip
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THE PAYEE MUST COMPLETE THE FOLLOWING SECTION, HAVE IT NOTARIZED AND RETURN THIS FORM TO THE ADDRESS LISTED BELOW.

I hereby state that the following information is true and correct:

I never received the check described above. _____
After due and diligent search, I cannot locate _____
the check described above, and believe I have lost it. _____

Other (explain fully): _____

I request that a replacement check be issued and any authorization for payment of the original check be canceled. I further agree to immediately deliver the check described above to the Clerk of District Court if it should ever come into my possession. **I acknowledge that if I cash the check listed above that I may be subject to prosecution, and that future child support payments (if applicable) may be withheld to cover any and all amounts to which I was not entitled .**

Payee's Signature

Signed and sworn to before me by _____
Current Mailing Address

City, State, Zip

this _____ day of _____, 20____. _____
Phone Number (including area code)

Notary Public/Clerk of Court

My commission expires: _____ SEAL

RETURN TO: Clerk of District Court
225 9th Street, Second Floor
P.O. Box 1906
Evanston, WY 82931

OFFICE USE ONLY:
Stop Payment Date: _____
Reissue Date: _____

PHONE: (307) 783-0430 Replacement Check No: _____