AFFIDAVIT ATTESTING TO FORGERY Chapter 3A-10.082, FAC

STATE OF FLORIDA	SS# <u>SSN</u>
County	
Before the undersigned, an Officer Duly Authorized to T (CLAIMANT) NAME	
	(Name)
who, being duly sworn, deposes and says that CLAIMA below:	NT is payee of a certain Comptroller's warrant described
Affidavits must be received by the Department of Bar months of the original warrant date. Three original affid	iking and Finance at the address listed below within 48 avits are required for each forgery request.
Warrant No.	; Warrant date:
SAMAS account code 75-50-2765002-7	75200200-00-31103300
Payable to the order of	•
	the warrant and did not write said signature nor did ten, but that same is a forgery; that CLAIMANT never arrant nor any part thereof, either directly or indirectly.
Signature:	(CLAIMANT)
Address:	
There must be two witnesses for payees who cannot sign their names. The Notary can be one witness. WITNESS: WITNESS:	
ADDRESS:	ADDRESS:
Sworn to and subscribed before me this day of, by:	
	The State of Florida requires a notary public seal shall be affixed to
(Name of person making statement)	all notarized documents. This seal shall include "Notary Public-State of Florida" (or State you are notarized in). This seal shall also state name of notary public, commission expiration date and a
(Signature of Notary Public) State of Florida	commission number. If your State does not require a commission number, then a letter with a copy of your State's Notary Public laws must be attached to the affidavit attesting to forgery in order for the State of Florida to accept that affidavit attesting to forgery.
(Print, type or stamp Commissioned name of Notary Public)	state of ficinal to decopt that alliquity allowing to longery.
Personally Known or Produced Identification	
Type of Identification Produced	Identification Number
This form should be completed by the payee and forward	
FOR DEPARTMENT USE ONLY	
RETURN WARRANT TO:	
Name: DEPARTMENT OF ECONOMIC OPPORTUNITY	THE DEPARTMENT SHOULD FORWARD THE FORM TO:
BENEFIT PAYMENT CONTROL	
P O DRAWER 5150	Office of the Comptroller
TALLAHASSEE FL 32314-5150	Office of the Comptroller Reconciliation Subsection
TALLAHASSEE FL 32314-5150 Telephone:	Reconciliation Subsection Room 308, Fletcher Building
Telephone: (850)921-3350	Reconciliation Subsection
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