

AFFIDAVIT OF LOST CHECK

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

Civil Docket Number: _____ Check Number: _____

POSSE 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

THE PAYEE MUST COMPLETE THE FOLLOWING SECTION, HAVE IT NOTERIZED AND RETURN THIS FORM WITH A \$10 STOP PAYMENT FEE 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 amount to which I was not entitled.**

Payee's Signature

Current Mailing Address

City/State/Zip

Phone Number(including area code)

Subscribed and sworn to before me by _____ this _____ day of _____, 20____.

Notary Public

My Commission expires: _____ (seal)

RETURN WITH \$10 STOP PAYMENT FEE TO:
Clerk of District Court
309 Cleveland Street
PO Box 406
Sundance, WY 82729-0904

OFFICE USE ONLY:
Fee paid: _____
Stop payment Date: _____
Reissue Date: _____
Replacement Check No: _____