

**AFFIDAVIT ATTESTING TO FORGERY**

Chapter 3A-10.082, FAC

**STATE OF FLORIDA**

**SS#** \_\_\_\_\_

\_\_\_\_\_ County

Before the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared  
**(CLAIMANT)** \_\_\_\_\_

(Name)

who, being duly sworn, deposes and says that CLAIMANT is payee of a certain Comptroller's warrant described below:

**Affidavits must be received by the Department of Banking and Finance at the address listed below within 48 months of the original warrant date. Three original affidavits are required for each forgery request.**

**Warrant No.** \_\_\_\_\_ ; **Warrant date:** \_\_\_\_\_ ;  
**SAMAS account code** 75-71-2-765002-75200200-00-110231-00 ;  
**Payable to the order of** \_\_\_\_\_ ;

that **CLAIMANT** has examined the endorsement on the warrant and did not write said signature nor did **CLAIMANT** authorize or procure the same to be written, but that same is a forgery; that **CLAIMANT** never received the sum of \$ \_\_\_\_\_ by said warrant nor any part thereof, either directly or indirectly.

**Signature:** \_\_\_\_\_  
(CLAIMANT)

**Title** (if other than individual: \_\_\_\_\_

**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:

(Name of person making statement)	The State of Florida requires a notary public seal shall be affixed to 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 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.
(Signature of Notary Public) State of Florida	
(Print, type or stamp Commissioned name of Notary Public)	

Personally Known  or Produced Identification

Type of Identification Produced \_\_\_\_\_ Identification Number \_\_\_\_\_

This form should be completed by the payee and forwarded to the department which initiated the payment.

**FOR AGENCY USE ONLY**

<b>RETURN WARRANT TO:</b>	<b>THE DEPARTMENT SHOULD FORWARD THE FORM TO:</b>  Office of the Comptroller Reconciliation Subsection Room 308, Fletcher Building Tallahassee, Florida 32399-0350
Name:	
Telephone: <b>(850) 921-3455</b>	
Unit: <b>Special Payments Unit</b>	
Agency: <b>DEO - Reemployment Assistance</b>	