

AFFIDAVIT OF FORGED, LOST OR DESTROYED WARRANT (CHECK)

To be completed by payee or legal owner of the District "B" Warrant (Check)

Payee Name (as written on check): _____

Check Number: _____ Check Date: _____ and drawn by the County Superintendent of Schools of the County of Orange, on Wells Fargo Bank Account number 9600058619, in the amount of _____ Dollars (\$_____).

I declare and certify that the circumstances of the lost or destroyed warrant (check) and all material facts relative thereto are as follows:

<input type="checkbox"/> Signature Forged complete attached questionnaire. My signature on the face of the check listed above is a forgery. I did not sign the check and I did not authorize the signature.	<input type="checkbox"/> Counterfeit complete attached questionnaire. The check is an imitation of checks drawn on my account. I did not create, sign, or authorize the creation or signatures of the check listed above.	<input type="checkbox"/> Endorsement Forged My endorsement on the reverse of the check listed above is a forgery, missing, or not as drawn. I did not sign the check and I did not authorize the signature.	<input type="checkbox"/> Other Please attach an explanation
<input type="checkbox"/> Altered - complete attached questionnaire The check listed above has unauthorized alterations. I did not alter the payee or the amount, nor have I directly or indirectly authorized anyone to make alterations to the check. Payee Name "AS WRITTEN" _____ Amount _____ Payee Name "AS PAID" _____ Amount _____			

By Signing below, you are declaring the following:

- I did not receive any benefit or value from the proceeds of the check listed above.
- I have not arranged with the persons who misused the check listed above to be reimbursed for any portion of the proceeds of the check.
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I hereby declare and certify, under penalty of perjury, that the above statements are true and correct.

Signature of Claimant or authorized representative: _____

Executed in County of _____ on _____

Print Name and Title: _____

Name of Company (if applicable) _____

Address: _____

Telephone Number/email: _____

Signature of Notary Public _____ Place Notary Stamp Here:

NOTARY INFORMATION

State of: _____ County of: _____

Subscribed and sworn before me this _____ day of _____, (year) _____

My Commission Expires _____

ORANGE COUNTY DEPARTMENT OF EDUCATION
QUESTIONNAIRE OF CHECK FRAUD

1. When and how did you discover the fraud in your account?

2. When and how did you report the fraud?

3. Have you reported the fraud to law enforcement? If yes, please provide the agency, investigator name (if assigned), and the case number.

4. Do you know who might have committed the fraud? If yes, please list their name and relationship to you here.

5. Please give details about this person including addresses and phone numbers. If a current or former employee; list employment dates.

6. Explain how the person that committed the fraud might have gained access to your account information.

7. Please tell us anything else that might help us with the investigation.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE.

Printed Name and Signature of Claimant (If a Business account, include your Title)	Date
Address of Claimant	Phone Number