




MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILDHOOD FINANCE
AFFIDAVIT FOR REPLACEMENT CHECK

CLAIMANT NAME		COUNTY OF RESIDENCE
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK
NAME OR NAMES ON CHECK (PAYABLE TO)		
DIVISION CONTACT NAME		DIVISION CONTACT TELEPHONE NUMBER, INCLUDING EXTENSION
<p>I, the above named claimant, state the following: The check identified above has: (check one)</p> <p><input type="checkbox"/> never received</p> <p><input type="checkbox"/> been destroyed;</p> <p><input type="checkbox"/> been received, but was lost;</p> <p><input type="checkbox"/> other _____</p> <p>In addition, I state I have never received the dollar amount of the check or any portion of it either directly or indirectly.</p> <p>Further, I know that it is a violation of the criminal law of the State of Missouri to knowingly make a false affidavit for the purpose of procuring a replacement check for a lost or destroyed check or to negotiate the original state check for which I have caused a replacement check to be issued.</p> <p>Further, I state that if a replacement check is issued to replace the lost original state check and the original check is then found, the original check will be mailed directly to DESE, Financial and Administrative Services.</p> <p>I want my replacement check to be mailed to (check one):</p> <p><input type="checkbox"/> The Family Support Division\Children's Division office in the county where I live.</p> <p><input type="checkbox"/> My home address, which I have written below. If I did not complete the home address, thereplacement check will be mailed to the office in the county where I live.</p>		
MUST BE SIGNED IN PRESENCE OF NOTARY	CLAIMANT SIGNATURE 	DCN NO. OR DVN NO.
	ADDRESS (STREET, CITY, STATE, ZIP)	
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.