|  |
| --- |
| Please send the original completed claim form plus two copies, along with the original warrants or photocopies to: Treasurer of State of Iowa Accounting Lucas Building, 1st floor Des Moines, IA 50319 |
| **Name of claimant reporting fraud** | **Account number of warrant signer****(will be completed by TOS)** | **Date** |
| **Please check one of the following:**  |
| [ ]  **Altered** | [ ]  **Endorsement forged** | [ ]  **Other** |
| The warrant(s) listed below have unauthorized alterations. I did not alter the payee, nor have I directly or indirectly authorized anyone to make alterations to the warrants. | My endorsement on the reverse side of the warrant listed below is a forgery, missing, or not as originally drawn. I did not endorse the warrant, nor did I authorize the endorsement. | *(Please explain)* |
| **Please include the following information for *each* fraudulent warrant:** |
| Warrant #      | Date      | Made payable to:        | **$**      |
| Warrant #       | Date       | Made payable to:       | **$**      |
| Warrant #       | Date        | Made payable to:       | **$**      |
|  | **Claim total:** | **$**      |

**Claimant: By signing below, you are declaring the following:**

* I am the person whom the State of Iowa named as payee on the warrants listed above.
* I did not receive any benefit or value from the proceeds of the warrants listed above.
* I have not arranged with the persons who misused the warrants listed above to be reimbursed for any portion of the proceeds of the warrants.
* 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 declare under the penalty of perjury that the above statements are true and correct.***

**This form must be notarized after it has been completed.** If the person signing this affidavit is located outside the U.S., the foreign notarized document must be “authenticated” at the U.S. Consulate.

**Place Notary Stamp here:**

|  |  |
| --- | --- |
| Print name and title:      | Phone number / email:       |
| Signature:      | Date:     **Signature of Notary Public:** |
| Address of claimant/customer (Address/City/State/ZIP)       |

 **Notary Information:**

 State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subscribed and sworn before me this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

 My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Questionnaire of Check Fraud**Please answer the following questions to assist us in our investigation: |
|  |  |  |  |
| 1. **When** and **how** did you discover the fraud?
 |
|  |  |  |  |
| 1. **When** and **how** did you report the fraud?
 |
|  |  |  |  |
| 1. Have you reported the fraud to law enforcement? If yes, please provide the agency, investigator name (if assigned), and the case number.
 |
|  |  |  |  |
|  |  |  |  |
| 1. Do you know who might have committed the fraud? (If yes, please list their name and relationship to you here, then answer Questions 5 and 6 below. If no, skip to Question 7.)
 |

|  |
| --- |
|  |
| 1. Please give details about this person, including addresses and phone numbers. If a current or former employee, list employment dates.
 |
|  |
| 1. Explain how the person that committed the fraud might have gained access to your account information.
 |
|  |
| 1. Please tell us anything else that might help us with the investigation.
 |

***I declare under the penalty of perjury that the above statements are true and correct:***

|  |  |  |
| --- | --- | --- |
| **Print name and title** | **Phone** | **Email** |
| **Signature** | **Date** |
| **Address of claimant/customer (Address/City/State/Zip)** |