|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **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)** | | | |