

Affidavit of State of Iowa Warrant Fraud

Name of claimant reporting fraud	Account number of warrant signer (will be completed by TOS)	Date
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- Submit a completed and signed **Questionnaire of Check Fraud** (pages 2 and 3) along with this form.
- Please check one of the following:

<input type="checkbox"/> Signature forged	<input type="checkbox"/> Altered		
My signature on the face of the warrants listed below is a forgery. I did not sign the warrants and I did not authorize the signature.	The warrants 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.		

Please include the following information for *each* fraudulent warrant:

Warrant #	Date	Made payable to:	Amount
Warrant #	Date	Made payable to:	Amount
Warrant #	Date	Made payable to:	Amount
			Claim total: Amount

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
Des Moines, IA 50319**

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's 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.

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

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 _____

Questionnaire of Check Fraud

Please answer the following questions to assist us in our investigation:

1) **When** and **how** did you discover the fraud?

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, then answer Questions 5 and 6 below. If no, skip to Question 7.)

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 statements are true and correct:

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