

CHECK LOSS AFFIDAVIT AGREEMENT

For Division/Office Use Only (This area must be filled out by the region)

Region District Code _____

Region Payment Tech _____

Provider Number _____

Provider Name _____

I, _____, have not cashed check/warrant number _____
dated _____, in the amount of \$ _____.

The check was issued by the Utah State Department of Human Services and made payable to me, however it is now lost.

If this check/warrant comes into my possession or if I receive information about its location, **I will not attempt to cash the check or help anyone else cash it.** I will immediately notify the local Human Services Office.

I understand that if any part of this statement is false, or if I cash the check or allow anyone else to cash the check, I may have legal action taken against me, I may be charged with a felony crime. Conviction of a felony may include a sentence of jail and full restitution and will result in a criminal record.

In addition, if I cash the check or assist someone else to cash the check, I agree to pay the Department of Human Services the full amount of the check, plus any attorney's fees, associated costs, interest, and possible penalties. I also agree to pay the cost of the hand writing analysis if such an analysis is needed and it show that I cashed the check or that I was a party cashing the check.

Signature: _____

Date: _____

Print Name: _____

Address: _____

Subscribed and sworn before me this _____ day of _____, 20 ____.

My Commission Expires _____

Notary Public _____