

**AFFIDAVIT OF LOST CHECK    March 18, 2016**

*The information in this section is to be either completed or supplied by the Clerk of District Court's Office*

Docket Number: \_\_\_\_\_ Check Number: \_\_\_\_\_  
Amount: \_\_\_\_\_ Issue Date: \_\_\_\_\_  
Date mailed to Payee at last known address on file in District Court: \_\_\_\_\_  
Mailing Date  
Addressed and Mailed to: \_\_\_\_\_

\_\_\_\_\_  
Name Address City/State/Zip  
\_\_\_\_\_

**THE PAYEE MUST COMPLETE THE FOLLOWING SECTION, HAVE YOUR SIGNATURE NOTARIZED AND RETURN THIS FORM TO THE ADDRESS LISTED BELOW.**

I hereby state that the following information is true and correct: (Mark the correct response)

- I have never received the check described above. \_\_\_\_\_
- After due and diligent search, I cannot locate the check, that is described above, and I believe it is lost. \_\_\_\_\_
- Other (explain fully): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that a replacement check be issued and any authorization for payment of the original check be canceled. I further agree to immediately deliver the check described above to the Clerk of District Court if it should ever come into my possession. **I acknowledge that if I cash or deposit the check listed above that I may be subject to prosecution, and that future payments (if applicable) may be withheld to cover any and all amounts to which I was not entitled.**

Payee's Signature: \_\_\_\_\_

Payee's Current Mailing Address: \_\_\_\_\_  
Address City / State / Zip

Payee's Current Telephone Number (including area code): \_\_\_\_\_

NOTARY

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public / Clerk of Court  
My commission expires: \_\_\_\_\_

**BE ADVISED THAT THIS FORM CANNOT BE SUBMITTED TO THE DISTRICT COURT PRIOR TO 20 DAYS AFTER THE DATE THE CHECK WAS ISSUED. IT MAY TAKE UPTO 14 DAYS AFTER THE DATE THIS FORM IS FILED FOR YOU TO RECEIVE THE REPLACEMENT CHECK.**

RETURN TO:  
Clerk of District Court  
21 S. Tyler  
PO Box 764  
Pinedale, WY 82941

OFFICE USE ONLY:  
Stop Payment Date: \_\_\_\_\_  
Reissue Date: \_\_\_\_\_  
Replacement Check No: \_\_\_\_\_

PHONE: (307) 367-4376