

# STATEWIDE INTERCOUNTY LOST WARRANT REPLACEMENT AFFIDAVIT

### DISTRIBUTION:

White: Receiving County's Copy  
Yellow: Sending County's Copy  
Pink: Payee's Copy

TO:	COUNTY
FROM:	COUNTY

**SEE REVERSE FOR INSTRUCTIONS**

A. NAME OF PAYEE (LAST, FIRST, MIDDLE)	WARRANT NUMBER
SOCIAL SECURITY NUMBER * — —	WARRANT AMOUNT
CASE NUMBER	DATE ISSUED

\* DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY. IT WILL BE USED TO HELP US VERIFY YOUR REQUEST FOR A REPLACEMENT PUBLIC ASSISTANCE WARRANT.

B. I, \_\_\_\_\_, now living at \_\_\_\_\_,

NAME (PLEASE PRINT)

ADDRESS

\_\_\_\_\_, certify that on or about \_\_\_\_\_,

CITY

STATE

\_\_\_\_\_, my public assistance warrant was \_\_\_\_\_,

MONTH / DAY

YEAR

LOST       STOLEN       DESTROYED       NOT RECEIVED

The facts about its loss, destruction, theft or nonreceipt are as follows:

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C. I understand that I cannot cash this missing public assistance warrant if it comes into my possession.

If it does, I agree to immediately return it to \_\_\_\_\_.

COUNTY

\_\_\_\_\_  
ADDRESS

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge,

and was executed on the \_\_\_\_\_ day of \_\_\_\_\_,

MONTH

YEAR

at \_\_\_\_\_, California.

CITY

\_\_\_\_\_  
SIGNATURE

### FOR COUNTY USE ONLY

VERIFIED BY	DATE
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## INSTRUCTIONS

1. Please fill out the form carefully and completely.
2. Enter the name of the receiving county in the space provided.
3. Enter the name of the sending county in the space provided.
4. Section A is to be completed by the county sending this form.
5. Sections B and C are to be completed by payee.
6. **DO NOT CASH THE ORIGINAL WARRANT!** The original warrant should be returned to the county that issued the warrant. (See Section C on the front of this form.)