CLAIMANT NAME				COUNTY OF RESIDENCE		
DATE OF CHECK	CH	IECK NUMBER		AMOUNT OF CHECK	<	
NAME OR NAMES ON CHECK (PAY	(ABLE TO)					
ELIGIBILITY SPECIALIST NAME	El	ELIGIBILITY SPECIALIST TELEPHONE NUMBER, INCLUDING EXTENSION				
I, the above named c	laimant, state the	following: The				
check identified	d above has: (che	eck one)				
 □ bee	er received n destroyed;	aa laati				
	n received, but w er	as 10st,				
In addition, I state I hat indirectly.	ave never received	d the dollar amo	unt of the check or a	ny portion of it e	either directly or	
for the purpose of procheck for which I hav	ocuring a replace e caused a repla if a replacement	ment check for cement check t check is issue	a lost or destroyed on the issued.  If to replace the lose	check or to neg	y make a false affidavit otiate the original state check and the original ance and Administrative	
I want my replaceme	nt check to be m	ailed to (check	one):.			
☐ The F	amily Support Di	vision office in	the county where I li	ve.		
				•	the home address, the county where I live.	
MUST BE SIGNED IN PRESENCE OF NOTARY					DCN NO. OR DVN NO.	
ADDRESS (STREET, CITY, STATE	, ZIP)					
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE			COUNTY (OR CITY OF	ST. LOUIS)	
		SCRIBED AND SWORN BEFORE ME, THIS  DAY OF  YEAR			USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNA		MY COMMISSION EXPIRES	JOE ROBBER OF	THE SECOND STATE OF THE SE	
	NOTARY PUBLIC NAME	(TYPED OR PRINTED)				