

AFFIDAVIT FOR REPLACEMENT CHECK

PURPOSE: To provide a sworn statement of loss, destruction, or non-receipt of a check.

Prior to completion of this form, a Stop Payment must be in place. If a Stop Payment request is not issued prior to the completion of this form, the form will be invalid. To request a Stop Payment, the Family Support Division (FSD) employee must call the Division of Finance and Administrative Services (DFAS) to confirm the status of the check. The DFAS phone number is 573-751-7587. Do not provide this number to the claimant.

WHEN TO USE: Use this form when a check is reported as lost, stolen, destroyed, or not received AND the check is outstanding. In normal circumstances, allow ten (10) business days from the original issuance date before completing a request for replacement check to allow for sufficient mailing time. If 10 days have not elapsed and there are extenuating circumstances, staff are to contact DFAS for further instruction prior to completing a request for replacement check.

NUMBER OF COPIES AND DISTRIBUTION: Complete in ink or via computer (cannot be submitted online). Mail or scan and send as an email to the DFAS on or before the next business day after the affidavit has been notarized and returned to the FSD office. The DFAS email address is DFAS.AssistancePayments@dss.mo.gov . If notarized with a raised seal, DO NOT EMAIL. Mail the original affidavit to DFAS. Keep a copy in the physical file or in the WorkSite, as appropriate for the county's current work process.

INSTRUCTIONS FOR COMPLETION:

Use extreme caution to accurately complete. Erasures or typographical errors WILL NOT be allowed. The affidavit will be returned 'VOIDED'.

Enter on the blank lines, the claimant's name, the claimant's county of residence, the date of the check, the check number, the amount of the check and the name or names on the check (payable to), and

Mark the box which describes the reason for the replacement request, or mark 'other' and enter a brief description on the blank line,

Enter the name and direct telephone number of the eligibility specialist or other Family Support Division member completing the IM-214. This information will be used by DFAS for any follow up contact on this specific IM-214, and

Enter the Income Maintenance Department Client Number (DCN)
The form should then be provided to the claimant. The fields above **must** be completed prior to giving the form to the claimant for signature.

The claimant must choose whether the replacement check will be issued to the Family Support Division office in the county of residence or at the home address.

The claimant **must** sign the form in the presence of a notary public. If the claimant would like the replacement check issued to his/her address, they must enter the home address. If the check is payable to more than one payee, all payees must sign in the presence of the notary public.

The notary public will complete the appropriate sections regarding his/her authority.

After the claimant obtains the notary public signature, the claimant should return the form to the Family Support Division for submission to DFAS. The claimant should **not** be instructed to submit the form directly to DFAS.

RETENTION: Permanent

REFERENCE:

Income Maintenance Manual, Chapter XII
Memorandum IM-16 (2001)
Memorandum IM-1 (2015)