

AFFIDAVIT OF FORGERY

PURPOSE: To provide a sworn statement, by the payee of the benefit check, that the signature on the check is a forgery.

WHEN TO USE: If, after viewing a photostatic copy of a cashed check, provided by the Division of Finance and Administrative Services (DFAS), the claimant claims his or her signature was forged, complete and submit this form for consideration of replacement benefits.

NUMBER OF COPIES AND DISTRIBUTION: Complete in ink or via computer (cannot be submitted online). Send the original affidavit to the DFAS by mail on or before the next business day after the form is completed. DFAS requires the original IM-215 to process forgery affidavits. Do not submit the IM-215 to DFAS via email or scan.

Division of Finance and Administrative Services
PO Box 1643
Jefferson City MO 65102

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 residence county for the claimant, the date of the check, the check number in its entirety (1 alpha character and 8 numerical digits), the dollar amount of the check, and the name or names on the check (payable to)

Enter the Department Client Number (DCN) or Department Vendor Number (DVN) of the claimant and the name and direct telephone number of the eligibility specialist (ES) completing the form.

The fields above **must** be completed prior to giving the form to the claimant to obtain a notarized signature.

The claimant **must** sign the form in the presence of a notary public. If the check is payable to more than one payee, all payees must sign in the presence of the notary public.

The claimant should complete the address field and choose whether the replacement check will be returned to the FSD office in the county of residence or mailed to the claimant's home address.

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-1 (2015)