



STATE OF MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
**AFFIDAVIT FOR REPLACEMENT CHECK**

CLAIMANT NAME		COUNTY OF RESIDENCE
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK
NAME OR NAMES ON CHECK (PAYABLE TO)		
ELIGIBILITY SPECIALIST NAME	ELIGIBILITY SPECIALIST TELEPHONE NUMBER, INCLUDING EXTENSION	

I, the above named claimant, state the following: The

check identified above has: (check one)

- never received
- been destroyed;
- been received, but was lost;
- other \_\_\_\_\_

In addition, I state I have never received the dollar amount of the check or any portion of it either directly or indirectly.

Further, I know that it is a violation of the criminal law of the State of Missouri to knowingly make a false affidavit for the purpose of procuring a replacement check for a lost or destroyed check or to negotiate the original state check for which I have caused a replacement check to be issued.

Further, I state that if a replacement check is issued to replace the lost original state check and the original check is then found, the original check will be mailed directly to the Division of Finance and Administrative Services.

I want my replacement check to be mailed to (check one):.

- The Family Support Division office in the county where I live.
- My home address which I have written below. If I did not complete the home address, the replacement check will be mailed to the Family Support Division office in the county where I live.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	CLAIMANT SIGNATURE	DCN NO. OR DVN NO.

ADDRESS (STREET, CITY, STATE, ZIP)

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

**PLEASE READ THIS INFORMATION CAREFULLY**

**WHEN TO USE THE AFFIDAVIT FOR REPLACEMENT CHECK (IM-214)**

Use this form when a check is reported as lost, stolen, destroyed, or not received. Before completing this affidavit, the originating office is REQUIRED to call the Division of Finance and Administrative Services (DFAS) to check the status of the check. (The DFAS phone number is 573-751-7587.)

The only time a stop payment should be placed on a check is when the client is eligible for the check and the county is going to follow up with an IM-214 for replacement.

A stop payment is required to be in place before the affidavit is completed or the affidavit will be voided.

Use extreme care to accurately complete the affidavit. Complete the form in ink or type. Mail or scan and send as an email to the DFAS on or before the next business day after the affidavit has been notarized. (The DFAS email address is [DFAS.AssistancePayments@dss.mo.gov](mailto:DFAS.AssistancePayments@dss.mo.gov).) If notarized with a raised seal, DO NOT EMAIL. Mail the original affidavit to DFAS. Keep copies in the case record.

**COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED**

1. CLAIMANT NAME – Name of claimant requesting replacement
2. COUNTY OF RESIDENCE – Residence county
3. DATE OF CHECK – Enter month, day, and year the check was issued
4. CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example:  
K01234567
5. AMOUNT OF CHECK – Enter dollar amount of the check
6. NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to
7. ELIGIBILITY SPECIALIST NAME AND TELEPHONE NUMBER—Enter contact information for the eligibility specialist
8. CLAIMANT SIGNATURE – Claimant signs the form while in the presence of the notary public. If the check is payable to more than one claimant, both parties will need to sign in the presence of the notary public.
9. DCN NO. OR DVN NO. – Enter client’s IM case number or provider’s vendor  
number
10. ADDRESS – The claimant enters his/her current address here. If no address is entered, the replacement check will be issued to the Family Support Division office.

Fields 1 through 7 and 9 should be completed by the Family Support Division staff member prior to providing the form to the claimant.

Fields 8 and 10 (where applicable) should be completed by the claimant in front of a Notary Public. The claimant should then return the form to the Family Support Division office for further processing.

**NOTARY INFORMATION REQUIRED**

THE AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC: the notary will complete this section.