




STATE OF MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD - CHILDHOOD FINANCE

**AFFIDAVIT OF FORGERY**

CLAIMANT NAME		COUNTY OF RESIDENCE
DATE OF CHECK (MONTH, DAY, YEAR)	CHECK NUMBER	AMOUNT OF CHECK \$
NAME OR NAMES ON CHECK (PAYABLE TO)		
<p>I, the claimant named above, declare that I have examined the endorsement on the check specified above (copy attached) and state that I did <b>not</b> write this endorsement, authorize or procure it to be written, nor do I know the person who forged the endorsement. I further declare that I did not receive the dollar amount of the check or any portion of it, either directly or indirectly.</p>		
<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	CLAIMANT SIGNATURE 	
ADDRESS (STREET, P.O. BOX, CITY, STATE, ZIP CODE) (COMPLETED BY CLAIMANT)		
<p>I want my replacement check to be mailed to (check one):.</p> <p><input type="checkbox"/> The Family Support Division office in the county where I live.</p> <p><input type="checkbox"/> My home address which I have written above. If I did not complete the home address field, the replacement check will be mailed to the Family Support Division office in the county where I live.</p>		
DCN NO. OR DVN NO.	ELIGIBILITY SPECIALIST NAME	ELIGIBILITY SPECIALIST TELEPHONE NUMBER
NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE OF	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 OF FORGERY (IM-215)**

The Affidavit of Forgery is a sworn statement by the payee that the signature on the check is a forgery. It is required by the Office of Childhood-Childhood Finance that the client view a photostat copy of the cashed check before an IM-215 is completed. Use this form if after viewing the check copy, the claimant contends her/his/their signature was forged and nor do they know the person who forged the endorsement.

Complete the form in ink or type. Send the **original** affidavit along with a copy of the claimant's photo ID by mail to the Department of Elementary and Secondary Education Office of Childhood-Childhood Finance PO Box 480, Jefferson City, MO 65102 on or before the next business day after the form is completed. Childhood Finance requires the original IM-215 and a photo ID to process forgery affidavits. If the check is made out to multiple claimants, a signature and photo identification is required for each and all claimants on the check.

**COMPLETION INSTRUCTIONS – ALL FIELDS ARE REQUIRED**

Use extreme care to accurately complete this form. Erasures or typographical errors WILL NOT be allowed. The affidavit will be sent back "VOIDED."

CLAIMANT NAME – Name of client requesting forgery

COUNTY OF RESIDENCE – Claimant's residence

county

DATE OF CHECK – Enter month, day, and year the check was issued

CHECK NUMBER – Enter check number in its entirety; 1 alpha character and 8 numerical digits. Example: K01234567

AMOUNT OF CHECK – Enter dollar amount of the check

NAME OR NAMES ON CHECK (PAYABLE TO) – Enter name or names the check was payable to

CLAIMANT SIGNATURE – Claimant/claimants (all the parties for whom the check is made payable to) are required to sign on the signature line while in the presence of the notary public

ADDRESS – The claimant should enter his/her current address.

DCN NO. OR DVN NO. – Enter claimant's IM case number or provider's vendor number

ELIGIBILITY SPECIALIST NAME – Enter eligibility specialist's name

ELIGIBILITY SPECIALIST TELEPHONE NUMBER – Enter eligibility specialist's telephone number

**NOTARY INFORMATION REQUIRED**

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

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email [civilrights@dese.mo.gov](mailto:civilrights@dese.mo.gov).