

REQUEST FOR DUPLICATE CHECK/STOP PAYMENT

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COURT USE

DATE REQUESTED	COURT CONTACT	CONTACT PHONE NUMBER
REQUESTING COURT	DOCUMENT NUMBER	CHECK NUMBER
PAYEE NAME <i>(Exactly as it appears on check)</i>	DATE ISSUED <i>(MM/DD/YYYY)</i>	CHECK AMOUNT
REASON FOR ACTION	ACTION REQUESTED <i>(Check all that apply)</i> <input type="checkbox"/> Void Check <input type="checkbox"/> Stop Payment <input type="checkbox"/> Re-Issue Check <input type="checkbox"/> Reverse Document <input type="checkbox"/> Other _____	PHOENIX USE ONLY
		EFFECTIVE VOID/STOP DATE
		CHECK REVERSAL NUMBER
		DOCUMENT REVERSAL NUMBER

PAYEE USE

IMPORTANT! SEE INSTRUCTIONS (on next page)

I, _____
 mailing
 address _____
Street City State Zip Code

certify or declare:

That the Superior Courts of California check described above was never received; lost/destroyed; stolen

on or about _____, under the following circumstances:

I declare that I am the owner or custodian of said check, the check has not been cashed or transferred, and I am entitled to possession thereof; or the corporation, partnership, or governmental agency in whose behalf I make this application, is the owner or custodian, has not cashed or transferred the check, and is entitled to possession thereof.

(if a corporation is owner or custodian) The declarant is an officer, to wit _____

of, _____, a corporation and is authorized to make this
Title
Name of Corporation

application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the Superior Courts of California to issue a duplicate check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the Administrative Office of the Courts, Superior Courts of California, its officers and employees, from any loss resulting from the issuance of said duplicate check.

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)

1.	DATE SIGNED
2.	DATE SIGNED
TITLE <i>(If signing for Corporation, Partnership, or Governmental Agency)</i>	
CORPORATION, PARTNERSHIP, OR GOVERNMENTAL AGENCY NAME <i>(If applicable)</i>	
DAYTIME TELEPHONE NUMBER <i>(Include Area Code)</i>	

REQUEST FOR DUPLICATE CHECK/STOP PAYMENT

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COURT INSTRUCTIONS

To initiate a stop payment on checks erroneously issued to the wrong payee or in the wrong amount and checks which the authorizing court deems necessary to withhold payment, courts must complete the top section of this form and submit the form to the Phoenix Shared Services Center.

To request a duplicate check to replace a lost or destroyed check, courts must complete the top portion of the form and indicate the action required in the box provided. The form should be forwarded to the payee to complete. The completed form will be mailed to the Phoenix Shared Services Center.

In the cases of theft, the authorizing court will complete the top portion of the form as instructed above. The authorizing court will forward the form to the payee **and** fax a copy to the Phoenix Shared Services Center. A stop payment will be placed immediately to prevent redemption of the original check.

Upon receipt of the properly completed form, the Phoenix Shared Services Center will verify the status of the original check.

- a. If the check has been cashed, the Phoenix Shared Services Center will send a photocopy (front and back) with the form to the authorizing court.
- b. If the check is still outstanding, the Phoenix Shared Services Center will place a stop payment on the original check. If the court is requesting the issuance of a replacement check, a new check will be issued within 10 days. The replacement check will be mailed directly to the payee.

The authorizing court may fax the completed form to the Phoenix Shared Services Center; however, **no** faxed forms will be accepted directly from the payees.

PAYEE INSTRUCTIONS

1. The completion of this application form and its return to the office at the address below will enable the Superior Courts of California to issue and send you a duplicate check to replace the original which was reported never received, lost/destroyed, or stolen.
2. If you receive the original check prior to completing this form:
 - A. Cash the original check.
 - B. Destroy this form.
3. Please fill out the form carefully and completely. All blanks must be filled. An individual applying in his/her own behalf need not show his/her title, or name of firm, corporation, or governmental agency.
4. If the check is drawn to more than one payee, each must sign the application. Each payee must sign his or her own name as it appeared on the original check.
5. **DO NOT CASH THE ORIGINAL CHECK ONCE THE APPLICATION HAS BEEN SIGNED AND RETURNED TO THE PHOENIX SHARED SERVICES CENTER!** If the original check is presented for payment, it will not clear through the banking system, and processing charges may result. The original check is invalid and should be returned to this office if received or recovered.
6. Please note the check number and issue date for your records. Inquires can be made to the original issuing court (see top of first page).
7. Mail complete application to:

Superior Court of California
County of Riverside
Attn: Angi Bartlett
PO Box 1547
Riverside, CA 92502
(951) 955-5540
(916) 955-1957 (fax)