

**AFFIDAVIT OF LOST CHECK**

*The information in this section is to be completed or supplied by the Clerk of District Court's Office*

Civil Docket Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

POSSE Number: \_\_\_\_\_ Amount: \_\_\_\_\_

NCP/Payor Name: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Mailed to Payee at last known address on file in District Court as listed below: \_\_\_\_\_  
Mailing Date

Name	Mailing Address	City/State/Zip
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**THE PAYEE MUST COMPLETE THE FOLLOWING SECTION, HAVE IT NOTERIZED AND RETURN THIS FORM WITH A \$10 STOP PAYMENT FEE TO THE ADDRESS LISTED BELOW.**

I hereby state that the following information is true and correct:

I never received the check described above. \_\_\_\_\_

After due and diligent search, I cannot locate \_\_\_\_\_

The check described above, and believe I have lost it. \_\_\_\_\_

Other (explain fully): \_\_\_\_\_

I request that a replacement check be issued and any authorization for payment of the original check be canceled. I further agree to immediately deliver the check described above to the Clerk of District Court if it should ever come into my possession. **I acknowledge that if I cash the check listed above that I may be subject to prosecution, and that future child support payments (if applicable) may be withheld to cover any and all amount to which I was not entitled.**

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Current Mailing Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone Number(including area code)

Subscribed and sworn to before me by \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_ (seal)

**RETURN WITH \$10 STOP PAYMENT FEE TO:**

Clerk of District Court  
309 Cleveland Street  
PO Box 406  
Sundance, WY 82729-0904

**OFFICE USE ONLY:**

Fee paid: \_\_\_\_\_  
Stop payment Date: \_\_\_\_\_  
Reissue Date: \_\_\_\_\_  
Replacement Check No: \_\_\_\_\_