

# AFFIDAVIT ATTESTING TO PAYEE'S NON-BENEFIT FROM STATE WARRANT

**PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES**

This affidavit is to be used to initiate recovery of the proceeds of a State warrant when the payee has not received the benefit of the proceeds because one of the following circumstances has occurred: 1) Payee has not received the warrant transmitted in payment of a state obligation; 2) The warrant was negotiated to the benefit of a third party without forgery; or 3) The warrant was misdirected and deposited unendorsed or deposit stamped.

State Of:		County Of:	
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Before the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared the **CLAIMANT** who, being duly sworn, deposes and says that the **CLAIMANT** (see below) is payee of a certain state warrant as described below:

Claimant or Payee:			
(Optional) FLAIR Account Code:			
Warrant Payable To The Order Of:			
Warrant Number:		Warrant Date:	
		Amount:	

and that the **CLAIMANT** has not received any benefit or value from the proceeds of the warrant and no proceeds were applied to any use or purpose on my behalf. The **CLAIMANT** makes legal claim to the proceeds not received and swears that the financial obligation owed to the **CLAIMANT** by the state is still outstanding.

Claimant Signature:			
Title (If Payee is not an individual):			
Address:			
City, State and Zip:			

**There must be two witnesses for payees who cannot sign their names. The Notary can count as one witness.**

Witness 1:		Witness 2:	
Address 1:		Address 2:	
Cty St Zip1:		Cty St Zip2:	

**INFORMATION MARKED BY ASTERISK (\*) MUST BE COMPLETED BY THE NOTARY**

The State of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public State of Florida" (or State you are notarized in). This seal shall also state name of Notary Public, commission expiration date and a commission number. If your state does not require a commission number, then in order for the State of Florida to accept this affidavit a letter with a copy of your state's Notary Public law(s) must be attached to this affidavit attesting to forgery.

* Sworn to and subscribed before me this				day of		, 20
* Print or type name of person filing this affidavit:						
* Signature of Notary Public & state in which commissioned & Notary Stamp:						
* Print, type or stamp Commissioned name of Notary Public:						
* Personally known?		* or Produced Identification?		* Type of ID produced		

**FOR STATE AGENCY USE ONLY**

RETURN WARRANT TO THE AGENCY C/O:	AGENCY SHOULD FORWARD THIS FORM TO:
Name:	Department of Financial Services Reconciliation Section 200 E. Gaines Street Tallahassee, FL 32399-0354
Telephone:	
Unit:	
Agency:	

**Instructions for filling out form DFS-A1-414 AFFIDAVIT ATTESTING TO PAYEE'S NON-BENEFIT FROM STATE WARRANT:**

**\*\*THIS FORM IS TO BE USED FOR WARRANTS THAT HAVE NOT REACHED TWELVE (12) MONTHS OLD FROM ORIGINAL ISSUE DATE\*\***

- 1) Form DFS-A1-414 AFFIDAVIT ATTESTING TO PAYEE'S NON-BENEFIT FROM STATE WARRANT is available via the Chief Financial Officer's Web Page at (<http://www.DFS.state.fl.us/>). Select the Division of Accounting and Auditing, Bureau of Accounting, Reconciliation Section. Then, look for on-line forms within this section. Refer to the form below with reference numbers corresponding to this instruction sheet.
- 2) **ALL DATA, OTHER THAN SIGNATURES, SHOULD BE TYPED OR PRINTED. AGENCIES MAY TYPE DIRECTLY ONTO THE PDF VERSION OF THE FORM. LOAD THE ADOBE READER SOFTWARE AND OPEN THE FORM. WITH THE MOUSE, MOVE THE CURSOR TO THE FIRST FIELD "STATE". A VERTICAL BAR SHOULD APPEAR. START TYPING. USE THE TAB KEY TO MOVE TO THE NEXT FIELD. IF THE CURSOR SKIPS A FIELD, THAT FIELD MUST BE A SIGNATURE FIELD OR NOTARY FIELD.** IF ANY PART OF THE COMPLETED FORM IS NOT LEGIBLE OR THE DATA IS INCOMPLETE, IT WILL BE RETURNED.
- 3) State: Enter the state in which this affidavit is being notarized.
- 4) County: Enter the county within the State in which this affidavit is being notarized.
- 5) (CLAIMANT) Name: Enter the name of the person who is making the request for a duplicate. This can be the PAYEE (if an individual), a responsible officer of the PAYEE (if a company or organization) or a responsible State Agency representative. The staff of the Chief Financial Officer may contact the agency to confirm that the person submitting the form for the agency has authority to do so.
- 6) FLAIR account code: Enter the 29 digit FLAIR account code from which the original warrant was issued.
- 7) Payable to the order of : Enter the payee name as it was written on the original warrant.
- 8) Warrant number: Enter the ten-digit warrant number of the original warrant.
- 9) Warrant date: Enter the date of issuance of the original warrant.
- 10) Amount: Enter the dollar amount of the original warrant.
- 11) Signature: The person making the statement about the original warrant should sign their name here. **This must be the same person listed in the CLAIMANT name field at the top of the form.**
- 12) Title: If the Payee is an individual, this field is N/A (not applicable). If the Payee is a company or organization, please enter the title of the officer requesting the duplicate warrant. If a state agency representative fills out the form, list that person's title here.  
Address: Enter the address of the person making the request for duplicate.  
City, State and Zip: Enter the City, State and Zip Code of the person making the request for duplicate.
- 13) The WITNESS 1 and 2 information is **only** applicable if the PAYEE is a person who cannot sign their name. If they mark their signature with an "X", it must be witnessed by two persons, one of which can be the notary. The address, city, state and zip code of the witnesses 1 and 2 must be completed. Failure to do so will result in the form being returned.
- 14) Sworn to and subscribed before me this: The notary must enter the date he/she notarized the form.
- 15) The notary must print or type the name of the person making making the request for duplicate warrant.
- 16) Signature and Stamp of the Notary Public; the name of the state in which the Notary Public is commissioned: The Notary Public must provide the aforementioned information. **IF THE DOCUMENT IS NOTARIZED IN ANOTHER STATE, AND THAT STATE'S NOTARY LAWS DO NOT REQUIRE A COMMISSION NUMBER, THEN A LETTER STATING SUCH MUST ACCOMPANY THIS FORM. FURTHER, A PHOTOCOPY COPY OF THAT STATE'S NOTARY LAWS MUST ACCOMPANY THE AFFIDAVIT THE LETTER.**
- 17) Print, type, or stamp the name of the Notary Public as Commissioned in this box.
- 18) Personally known or produced identification: In this box the Notary should place an "X" if the claimant is personally known by the Notary. If not, leave blank.
- 19) produced identification: In this box the Notary should place an "X" if the claimant IS NOT known by the Notary but produces sufficient identification. If not, leave blank.
- 20) If the Notary checks box 21), enter the type of identification produced: Put a brief description of the type of identification in this box. For example, "Florida Driver's license".
- 21) Return warrant to: This section must be filled out by the agency. You should fill out the name of the person to whom the duplicate warrant should be returned, that person's phone number, that person's unit designation, and the agency for which that person works. The duplicate warrant will be sent to the Transmittal Section of the Department of Financial Services for pick-up by the authorized agency courier.

## AFFIDAVIT ATTESTING TO PAYEE'S NON-BENEFIT FROM STATE WARRANT

PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES

**Addidavits must be received by the Department of Financial Services at the address listed below within 48 months of the original warrant date. Three notarized original affidavits are required for each forgery request.**

State Of: \_\_\_\_\_ (3) County Of: \_\_\_\_\_ (4)

Before the undersigned, an Officer Duly Authorized to take Acknowledgement, personally appeared the **CLAIMANT** who, being duly sworn, deposes and says that the **CLAIMANT** (see below) is payee of a certain state warrant as described below:

Claimant or Payee: \_\_\_\_\_ (5)

FLAIR Account Code: \_\_\_\_\_ (6)

Warrant Payable To The Order Of: \_\_\_\_\_ (7)

Warrant Number: \_\_\_\_\_ (8) Warrant Date: \_\_\_\_\_ (9) Amount: \_\_\_\_\_ (10)

and that **CLAIMANT** has examined the endorsement on the warrant and did not write said signature nor did the **CLAIMANT** authorize or procure the same to be written, but that same is a forgery; that **CLAIMANT** never received the **AMOUNT** shown above by said warrant nor any part thereof, either directly or indirectly.

Claimant Signature: \_\_\_\_\_ (11)

Title (If Payee is not an individual): \_\_\_\_\_ (12)

Address: \_\_\_\_\_ (12)

City, State and Zip: \_\_\_\_\_ (12)

**There must be two witnesses for payees who cannot sign their names. The Notary can count as one witness.**

Witness 1: \_\_\_\_\_ (13) Witness 2: \_\_\_\_\_ (13)

Address 1: \_\_\_\_\_ (13) Address 2: \_\_\_\_\_ (13)

Cty St Zip1: \_\_\_\_\_ (13) Cty St Zip2: \_\_\_\_\_ (13)

**INFORMATION MARKED BY ASTERISK (\*) MUST BE COMPLETED BY THE NOTARY**

The State of Florida requires that a notary public seal shall be affixed to all notarized documents. This seal shall include "Notary Public State of Florida" (or State you are notarized in). This seal shall also state name of Notary Public, commission expiration date and a commission number. If your state does not require a commission number, then in order for the State of Florida to accept this affidavit a letter with a copy of your state's Notary Public law(s) must be attached to this affidavit attesting to forgery.

**\* Sworn to and subscribed before me this** (14) **day of** (14) **, 20** (14)

\* Print or type name of person filing this affidavit: \_\_\_\_\_ (15)

\* Signature of Notary Public & state in which commissioned & Notary Stamp:  
\_\_\_\_\_  
(16)

\* Print, type or stamp Commissioned name of Notary Public: \_\_\_\_\_ (17)

\* Personally known? (18) \* or Produced Identification? (19) \* Type of ID produced \_\_\_\_\_ (20)

**FOR STATE AGENCY USE ONLY**

RETURN WARRANT TO THE AGENCY C/O:	AGENCY SHOULD FORWARD THIS FORM TO:
Name: _____ (21)	Department of Financial Services Reconciliation Section 200 E. Gaines Street Tallahassee, FL 32399-0354
Telephone: _____ (21)	
Unit: _____ (21)	
Agency: _____ (21)	