

CLAIM NO.

STATE AND CONTRACT NO.

Important: The person alleging forgery **must** complete this form in longhand.

AFFIDAVIT OF FORGERY

1. I am first duly sworn and state I am:

Name _____

Mailing Address _____

City, State, Zip _____

Phone Number Home (_____) _____ Work (_____) _____

2. The instrument(s) forged is/are a: *(Check the appropriate box)*

- | | |
|--|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Cash Withdrawal Voucher |
| <input type="checkbox"/> Share Draft | <input type="checkbox"/> Loan Note (including Co-maker forgery) |
| <input type="checkbox"/> Other (specify) _____ | |
| Name of Credit Union or Bank _____ | |

3. The instrument(s) is/are drawn on _____

4. On the instrument(s) I am named as the: *(Check the appropriate box)*

- Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher)
- Maker (on note or face of share draft/check)
- Co-maker (on a loan)
- Other (specify) _____

5. This signature for each instrument(s) listed below and attached to this affidavit is not written nor authorized by me and is a forgery:

	Date	Instrument Number	Dollar Amount
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

(If more space is required, use a separate sheet)

6. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.

7. Do you know who forged your signatures? Yes No If yes, provide details on a separate page or the back of this page.

8. I understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.

9. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and/or by imprisonment.

Sign your name five times: _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____,

Notary