



**Illinois State Treasurer's Office  
Attn: Warrant Division/Forgery Section  
1 East Old State Capitol Plaza  
Springfield, IL 62701  
Phone: (217) 782-4117**

# FORGED CHECK(S) INVESTIGATION CLAIM FORM

1. Claimant's Name: \_\_\_\_\_
2. Claimant's Address: \_\_\_\_\_  
\_\_\_\_\_
3. Claimant's Phone Numbers:(home)\_\_\_\_\_ (work)\_\_\_\_\_  
(cell) \_\_\_\_\_
4. State of Illinois Agency providing check(s): \_\_\_\_\_
5. Do the funds from the check(s) rightfully belong to you: \_\_\_\_\_YES \_\_\_\_\_NO
6. Please provide detailed information explaining how you discovered that a forgery has occurred in your name. (Print or type and use additional paper if needed).

[illegible]