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

LETTER OF INSTRUCTION: HOW TO SUBMIT A FORGED WARRANT CLAIM

Dear Internet User:

This letter provides the necessary information to submit a claim for a forged warrant investigation with the Illinois State Treasurer's Office.

You will need to complete and return **three (3) originally signed and notarized** Forged Warrant **Affidavits** and **one (1)** Forged Warrant **Investigation Claim Form**. If the warrant was payable to more than one person, each person must sign and have notarized three (3) separate Forged Warrant Affidavits. You must also *provide a copy of the warrant(s) in question, including the front and back which shows the endorsement.* If you do not have a copy of the warrant, please contact the Comptroller's Office at (217) 782-5897 or (800) 877-8078 to obtain a copy.

Send a copy of the warrant(s), a copy of your driver's license or state I.D., a completed Investigation Claim Form, and the **three (3) originally signed and notarized** Affidavits for each payee named on the warrant, to the address below:

Illinois State Treasurer's Office
Attn: Warrant Division/Forgery Section
1 East Old State Capitol Plaza
Springfield, IL 62701

Once the documents have been received, we will begin to make a preliminary investigation into your claim. We may require additional information from you that will help to determine whether a forgery has taken place. We will notify you in writing within five business days after receiving your documents whether there is sufficient evidence to pursue your claim.

If it is determined that the endorsement is a forgery, it may take up to ten weeks or more to process your claim and provide you with a replacement check. If you are entitled to a replacement check, we urge you to have it directly deposited into your savings or checking account, since it is the quickest and safest replacement method. For authorization to deposit your replacement check directly into your savings or checking account (if you are entitled), please complete and sign an Authorization for Direct Deposit of Forgery Reimbursement form.

Thank you for your assistance in this investigation. We look forward to resolving this claim.

Very truly yours,

Warrant Division Staff

Illinois State Treasurer's Office

Warrant Division / Forgery Section

1 East Old State Capitol Plaza

Springfield, IL 62701

Phone: (217) 782-4117

Forged Warrant(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 warrant(s): _____

5. Do the funds from the warrant(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).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

FORGED WARRANT AFFIDAVIT

_____, swears on oath and affirms that:

I am the payee named in the warrant(s) drawn by the State of Illinois Comptroller and drawn on the State of Illinois Treasurer. I have examined the signature in my name that appears on the back of the warrant(s). I did not make the indorsement on the warrant(s) and did not authorize another to make it. I did not receive any benefit from the warrant(s) that totaled $ _____ or authorize another person to benefit on my behalf from the warrant(s) that are listed below or

Date Warrant Issued _____ Warrant # _____

(If more that one warrant is involved, use additional paper to list the number and amount of

CERTIFICATION

I certify to the best of my knowledge that the foregoing statements and the information I provided in my claim form are true. I understand that a false statement in this affidavit will subject me to penalties for perjury under Illinois law for making false sworn statements (5 ILCS 255/5). Perjury is a Class 3 felony (720 ILCS 5/32-2).

_____ _____
Signature Social Security Number / Tax ID Number

TO BE COMPLETED BY NOTARY PUBLIC WITH SIGNATURE AND SEAL

Signed and sworn to before me
this ____ day of _____ 20 _____

_____
Notary Public

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

FORGED WARRANT AFFIDAVIT

_____, swears on oath and affirms that:

I am the payee named in the warrant(s) drawn by the State of Illinois Comptroller and drawn on the State of Illinois Treasurer. I have examined the signature in my name that appears on the back of the warrant(s). I did not make the indorsement on the warrant(s) and did not authorize another to make it. I did not receive any benefit from the warrant(s) that totaled $ _____ or authorize another person to benefit on my behalf from the warrant(s) that are listed below or

Date Warrant Issued _____ Warrant # _____

(If more that one warrant is involved, use additional paper to list the number and amount of

CERTIFICATION

I certify to the best of my knowledge that the foregoing statements and the information I provided in my claim form are true. I understand that a false statement in this affidavit will subject me to penalties for perjury under Illinois law for making false sworn statements (5 ILCS 255/5). Perjury is a Class 3 felony (720 ILCS 5/32-2).

_____ _____
Signature Social Security Number / Tax ID Number

TO BE COMPLETED BY NOTARY PUBLIC WITH SIGNATURE AND SEAL

Signed and sworn to before me
this ____ day of _____ 20 _____

_____
Notary Public

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

FORGED WARRANT AFFIDAVIT

_____, swears on oath and affirms that:

I am the payee named in the warrant(s) drawn by the State of Illinois Comptroller and drawn on the State of Illinois Treasurer. I have examined the signature in my name that appears on the back of the warrant(s). I did not make the indorsement on the warrant(s) and did not authorize another to make it. I did not receive any benefit from the warrant(s) that totaled $ _____ or authorize another person to benefit on my behalf from the warrant(s) that are listed below or

Date Warrant Issued _____ Warrant # _____

(If more that one warrant is involved, use additional paper to list the number and amount of

CERTIFICATION

I certify to the best of my knowledge that the foregoing statements and the information I provided in my claim form are true. I understand that a false statement in this affidavit will subject me to penalties for perjury under Illinois law for making false sworn statements (5 ILCS 255/5). Perjury is a Class 3 felony (720 ILCS 5/32-2).

_____ _____
Signature Social Security Number / Tax ID Number

TO BE COMPLETED BY NOTARY PUBLIC WITH SIGNATURE AND SEAL

Signed and sworn to before me
this ____ day of _____ 20 _____

_____
Notary Public

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

AUTHORIZATION FOR DIRECT DEPOSIT OF FORGERY REIMBURSEMENT

If you choose to have your forgery reimbursement deposited into your account, complete this form, sign and return it *with a deposit slip* to the address listed above.

...../...../...../...../...../...../...../...../...../ **PLEASE PRINT**

Social Security Number / Tax ID

_____

Payee Name

_____

Payee Mailing Address *(Apt / P.O. Box)* *City* *State* *Zip Code*

I, _____ , certify the information provided is correct. I authorize and request the Illinois State Treasurer to direct my payment for crediting in my account indicated at the financial organization designated below.

_____ _____ _____

Signature of Payee *Date* *Telephone Number*

FINANCIAL ORGANIZATION INFORMATION

NOTE: *It is recommended that you contact your financial organization to verify your correct transit routing number. Any errors in routing or account numbers will result in a draft being issued directly to you.*

_____ (...../...../.....) ...../...../...../- ...../...../...../...../...../

Name of Financial Organization *Financial Organization's Area Code & Telephone Number*

_____

Branch Address, City, State, Zip Code

...../...../...../...../..... /...../...../...../...../ ...../...../...../...../...../...../...../...../...../...../...../...../...../...../

Financial Organization Routing Number (Found on the left hand side of the Deposit Slip) *Payee Account Number*

You must select **one** of the following options:

☐ Direct deposit into my **CHECKING** account

☐ Direct deposit into my **SAVINGS** account