

**ARIZONA DEPARTMENT OF ECONOMIC  
SECURITY Division of Child Support Services**

**BOND OF INDEMNITY  
ORIGINAL CHECK INFORMATION**

|                     |  |                      |
|---------------------|--|----------------------|
|                     | <b>Issue Date:</b>                                       | <b>Amount:</b><br>\$ |
|                     | <b>Check Number:</b>                                     |                      |
|                     | <b>Issuing Agency &amp; Site<br/>Code: DCSS 019A/PEU</b> |                      |
| <b>ATLAS CASE #</b> | <b>Date:</b>   |                      |

**PAYEE'S AFFIDAVIT**  
(To be read and signed by payee)

I request stop-payment on the original check described (if not already cancelled) and issuance of a replacement check.

|                          |                       |  |
|--------------------------|-----------------------|--|
| I affirm that:           | Check one and initial |  |
| <b>CHECK</b>             | <b>INITIALS</b>       |  |
| <input type="checkbox"/> | _____                 | I did not receive or cash the original check, nor did I receive any of the proceeds.                   |
| <input type="checkbox"/> | _____                 | I did receive the original check, but I lost it and never cashed it or received any of the proceeds.   |
| <input type="checkbox"/> | _____                 | I did receive the original check, but it was stolen. I did not cash it or receive any of the proceeds. |
| <input type="checkbox"/> | _____                 | Other, Explain: _____  |

**Comments: (Give details if check was lost or stolen)** \_\_\_\_\_  
\_\_\_\_\_

I also understand the following:

**RETURN OF ORIGINAL CHECK.** If I later find or receive the original check, I will return it to the Arizona Department of Economic Security, Division of Child Support Enforcement.

**DUPLICATE ISSUANCE.** If I am given a replacement check, and I cash both the original and the replacement, I will be receiving double the money due to me. I will be responsible to repay the amount for which I am not entitled.

**PENALTY FOR FRAUD.** If I knowingly and deliberately received duplicate issuance, I may be subject to prosecution for fraud as provided for by Arizona State Law.

The claimant subscribes that the information provided is true under penalty of perjury.

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

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

\_\_\_\_\_  
Notary Public or Deputy Clerk of the Superior Court

\_\_\_\_\_  
My Commission Expires