

AFFIDAVIT FOR DUPLICATE WARRANT

Section 17.13, Florida Statutes, as amended

PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES

State Of:		County Of:	
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Before the undersigned, an Officer Duly Authorized to Take Acknowledgement, personally appeared the **CLAIMANT** or responsible state Agency representative who, being duly sworn, deposes and says that the **CLAIMANT** (see below) is informed and believes that the State of Florida did issue a warrant as described below:

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

and **CLAIMANT** further says that according to **CLAIMANT**'s best knowledge, information and belief, the said warrant has been lost or destroyed and the **PAYEE** has not benefitted in any way directly or indirectly from the above indicated warrant.

Did the PAYEE endorse the warrant?	No: <input type="checkbox"/>	Yes: <input type="checkbox"/>	If YES, describe the circumstances on the line below
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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 a letter with a copy of your state's Notary Public law must be attached to the affidavit for duplicate in order for the State of Florida to accept this affidavit and process the duplicate.

*** 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? <input type="checkbox"/>	* or Produced Identification? <input type="checkbox"/>	* Type of ID produced _____
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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:	

ATTORNEY/VENDOR SHOULD FORWARD THIS FORM TO:
 Justice Administrative Commission
 PO Box 1654
 Tallahassee, FL 32302