Instructions for filling out form DFS-A1-408 AFFIDAVIT FOR DUPLICATE WARRANT:

THIS FORM IS TO BE USED FOR WARRANTS THAT HAVE NOT REACHED TWELVE (12) MONTHS OLD FROM ORIGINAL ISSUE DATE

1) Form DFS-A1-408 AFFIDAVIT FOR DUPLICATE WARRANT is available via the Chief Financial Officer's Web Page at (http//www.DFS.state.fl.us/). Select the Division of Accounting and Auditing, Bureau of Accounting, Reconciliation Section. Then, look for on-line forms within this section. Refer to the form below with reference numbers corresponding to this instruction sheet.

2) ALL DATA, OTHER THAN SIGNATURES, SHOULD BE TYPED OR PRINTED. **AGENCIES MAY TYPE DIRECTLY ONTO THE PDF VERSION OF THE FORM. LOAD THE ACROBAT READER SOFTWARE AND OPEN THE FORM. WITH THE MOUSE, MOVE THE CURSOR TO THE FIRST FIELD "STATE". A VERTICAL BAR SHOULD APPEAR. START TYPING. USE THE TAB KEY TO MOVE TO THE NEXT FIELD. IF THE CURSOR SKIPS A FIELD, THAT FIELD MUST BE A SIGNATURE FIELD OR NOTARY FIELD.** IF ANY PART OF THE COMPLETED FORM IS NOT LEGIBLE OR THE DATA IS INCOMPLETE, IT WILL BE RETURNED.

3) State: Enter the state in which this affidavit is being notarized.

4) County: Enter the county within the State in which this affidavit is being notarized.

5) (CLAIMANT) Name: Enter the name of the person who is making the request for a duplicate. This can be the PAYEE (if an individual), a responsible officer of the PAYEE (if a company or organization) or a responsible State Agency representative. The staff of the Chief Financial Officer may contact the agency to confirm that the person submitting the form for the agency has authority to do so.

6) **JAC staff will enter appropriate FLAIR account code.**

7) Payable to the order of : Enter the payee name as it was written on the original warrant.

8) Warrant number: Enter the seven-digit warrant number of the original warrant.

9) Warrant date: Enter the date of issuance of the original warrant.

10) Amount: Enter the dollar amount of the original warrant.

11) Did the PAYEE endorse the warrant before it was lost or destroyed? Mark YES or NO with an "X".

12) If the PAYEE had endorsed the original warrant , the next line must be filled out explaining the circumstances.

13) Signature: The person making the statement about the original warrant should sign their name here. **This must be the same person listed in the CLAIMANT name field at the top of the form.**

14) Title: If the Payee is an individual, this field is N/A (not applicable). If the Payee is a company or organization, please enter the title of the officer requesting the duplicate warrant. If a state agency representative fills out the form, list that person's title here.
Address: Enter the address of the person making the request for duplicate.
City, State and Zip: Enter the City, State and Zip Code of the person making the request for duplicate.

15) The WITNESS 1and 2 information is **only** applicable if the PAYEE is a person who cannot sign their name. If they mark their signature with an "X", it must be witnessed by two persons, one of which can be the notary. The address, city, state and zip code of the witnesses 1 and 2 must be completed. Failure to do so will result in the form being returned.

16) Sworn to and subscribed before me this: The notary must enter the date he/she notarized the form.

17) The notary must print or type the name of the person making making the request for duplicate warrant.

18) Signature and Stamp of the Notary Public; the name of the state in which the Notary Public is commissioned: The Notary Public must provide the aforementioned information. **IF THE DOCUMENT IS NOTARIZED IN ANOTHER STATE, AND THAT STATE'S NOTARY LAWS DO NOT REQUIRE A COMMISSION NUMBER, THEN A LETTER STATING SUCH MUST ACCOMPANY THIS FORM. FURTHER, A PHOTOCOPY COPY OF THAT STATE'S NOTARY LAWS MUST ACCOMPANY THE AFFIDAVIT THE LETTER.**

19) Print, type, or stamp the name of the Notary Public as Commissioned in this box.

20) Personally known or produced identification: In this box the Notary should place an "X" if the claimant is personally known by the Notary. If not, leave blank.

21) Produced identification: In this box the Notary should place an "X" if the claimant IS NOT known by the Notary but produces sufficient identification. If not, leave blank.

22) If the Notary checks box 21), enter the type of identification produced: Put a brief description of the type of identification in this box. For example, "Florida Driver's license".

23) Return warrant to: This section must be filled out by the agency. You should fill out the name of the person to whom the duplicate warrant should be returned, that person's phone number, that person's unit designation, and the agency for which that person works. The duplicate warrant will be sent to the Transmittal Section of the Department of Financial Services for pick-up by the authorized agency courier.

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

AFFIDAVIT FOR DUPLICATE WARRANT

Section 17.13, Florida Statutes, as amended

****USE THIS FORM FOR WARRANTS THAT HAVE NOT REACHED TWELVE (12) MONTHS OLD FROM ORIGINAL ISSUE DATE****

PLEASE TYPE OR PRINT ALL INFORMATION OTHER THAN SIGNATURES

State Of:	(3)	County Of:	(4)

Before the undersigned, an Officer Duly Authorized to take Acknowledgement, personally apppeared the **CLAIMANT** or reponsible state Agency representative who, being duly sworn, deposes and says that **CLAIMANT** (see below) is informed and believes that the Comptroller of the State of Florida did issue a warrant on the Treasurer of the State of Florida described below:

Claimant or Payee:	(5)
FLAIR Account Code:	(6)
Warrant Payable To The Order Of:	(7)

Warrant Number:	(8)	Warrant Date:	(9)	Amount:	(10)

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:	(11)	Yes:	(11)	If YES, describe the circumstances on the line below

(12)

Claimant Signature:	(13)
Title (If Payee is not an individual):	(14)
Addresss:	(14)
City, State and Zip:	(14)

There must be two witnesses for payees who cannot sign their names. The Notary can count as one witness.

Witness 1:	(15)	Witness 2:	(15)
Address 1:	(15)	Address 2:	(15)
Cty St Zip1:	(15)	Cty St Zip2:	(15)

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 laws 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 (16) day of (16) , 20 (16)**

* Print or type name of person filing this affidavit:

(17)

* Signature of Notary Public & state in which commisioned & Notary Stamp:

(18)

* Print, type or stamp name of Notary Public as Commissioned:

(19)

* Personally known?	(20)	* or Produced Identification?	(21)	* Type of ID produced	(22)

FOR STATE AGENCY USE ONLY

RETURN WARRANT TO THE AGENCY C/O:		AGENCY SHOULD FORWARD THIS FORM TO:
Name:	(23)	Department of Financial Services
Telephone:	(23)	Reconciliation Section
Unit:	(23)	200 E. Gaines Street
Agency:	(23)	Tallahassee, FL 32399-0354

Form DFS-A1-408 Revised 04/99

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PO Box 1654
Tallahassee, FL 32302