

## LOST/STOLEN CHECK AFFIDAVIT

I, \_\_\_\_\_, \_\_\_\_\_ declare that:  
(Type or Print Name) (Tax ID/Social Security Number)

1. The Superior Court of California, County of Solano ("Court") issued a check payable to my order in the amount of \$\_\_\_\_\_ on \_\_\_\_\_ as a refund in connection with a court case. This check is referred to as the "Missing Check" below.
  
2. I am the legal owner or entitled to possession of said check and said check has been (destroyed) (lost) and the facts of such (destruction) (loss) insofar as known to me are as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. I further agree to indemnify and hold the State, the Court, and its agents, officers, and employees harmless for all personal losses and expenses I incur, including all attorney's fees related to the Missing Check.
  
4. I agree that, if a new check is issued to me in lieu of the Missing Check, and if the Missing Check hereafter is placed in my possession, I will not negotiate, deposit or cash said check. I will not authorize any third party to endorse the Missing Check on my behalf.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Signature of Declarant: \_\_\_\_\_

Mailing Address of Declarant: \_\_\_\_\_