

Affidavit of Forgery Form

1. I am first duly sworn and state I am			Claim Number
Name			State & Contract Number
Address			
City	State	Zip	Important: The person alleging forgery must complete this form in longhand
Home Phone	Work Phone		

2. The instrument(s) forged is/are a: (Check the appropriate box)
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<input type="checkbox"/> Check	<input type="checkbox"/> Cash Withdrawal Voucher	<input type="checkbox"/> Other (Specify) _____ Name of Credit Union or Bank
<input type="checkbox"/> Share Draft	<input type="checkbox"/> Loan Note (including Co-maker forgery)	

3. The instrument(s) is/are drawn on

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4. On the instrument(s) I am named as the: (Check the appropriate box)

<input type="checkbox"/> Payee/Endorser (on back of check/share draft or bottom of withdrawal voucher)	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Maker (on note or face of share draft/check)	<input type="checkbox"/> Co-maker (on a loan)

5. The signature for each instrument(s) listed below and attached to this affidavit is not written nor authorized by me and is a forgery:
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Date	Instrument Number	Dollar Amount
A		\$
B		\$
C		\$

(If more space is required, use a separate sheet)

6. I did not receive any part of the proceeds of the instrument(s) listed above. This affidavit is made voluntarily for the purpose of establishing the fact that my signature is a forgery.

7. Do you know who forged your signatures?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide details on a separate page or the back of this page.
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8. I understand this forgery is subject to investigation by local, state and/or federal law enforcement agencies. I may be required to comply with a court order or subpoena to give testimony.
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9. I understand making a false sworn statement is subject to federal and/or state statutes and may be punishable by fines and or imprisonment.

<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <td style="padding: 5px;">Sign your name five times:</td> </tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>	Sign your name five times:						State of _____ <hr/> County of _____ <hr/> Subscribed and sworn to before me this _____ day of _____, _____ <hr/> Notary _____
Sign your name five times:							