

Louisiana Department of Children and Family Services
Child Support Enforcement
P.O. Box 3927
Baton Rouge, LA 70821

Affidavit Regarding Check Never Received or Check Lost

State of Louisiana

_____ Parish

Date of Check: _____	Case Number: _____
Amount of Check: _____	Social Security Number: _____
Check Number: _____	
Name of Bank Where Check is Drawn: _____	
Name of Payee: _____	
<input type="checkbox"/> (for those with a possible name change) I authorize that the name above is one and the same as the one below: _____	
Name of Curator or Power of Attorney for Payee: _____	
Address of Payee: (same address where the check was mailed) _____	

Before me, the undersigned authority, personally came and appeared _____
who being duly sworn deposed and says:

That he/she is the person named as the payee or the curator of the payee of the above described check:
(Check Appropriate Block)

- ☐ 1. That said check is lost.
- ☐ 2. That he/she has never received, endorsed, delivered or negotiated said check;
That he/she requested an order of stop payment be issued;
That said check will be returned by him/her to the Department of Children and Family Services if found.
- ☐ 3. That he/she has been advised and is aware that there are criminal penalties for false swearing. False swearing is a violation of [Louisiana R.S.14:125](#) which provides a fine of not more than \$500 or imprisonment of not more than one year, or both. Additionally the La. [Code of Civil Procedure Article 224\(11\)](#) allows Child Support Enforcement to file a rule for constructive contempt of court against any person applying for or receiving support enforcement services who knowingly provides false information.

Typed or Printed Name of Payee or Curator for Payee

Signature of Payee or Curator for Payee

Typed or Printed Name and Title and Notary ID No.

Signature of Notary (as authorized by LA R.S.46.2 and LA R.S. 46:236.1.8(E))