



**Maricopa County Attorney**  
BILL MONTGOMERY

**CHECK ENFORCEMENT PROGRAM**

**AFFIDAVIT OF FORGERY**

MUST BE COMPLETED IN CLAIMANT'S HANDWRITING  
MUST BE NOTARIZED BY FINANCIAL INSTITUTION OR POLICE DEPARTMENT

The undersigned, residing at the address shown below, being duly sworn deposes and says that the check (s) described below are disputed on the grounds of:

Forged Bank is: \_\_\_\_\_

Unauthorized Signer Account number is: \_\_\_\_\_

Police Report was filed \_\_\_ Yes \_\_\_ No If yes, Police agency \_\_\_\_\_

Police Report # \_\_\_\_\_ Filed on (date) \_\_\_\_\_

Suspect (s) Name (s), if known \_\_\_\_\_

**THIS AFFIDAVIT OF FORGERY MUST BE NOTARIZED TO BE SUBMITTED.  
INCLUDE A CLEAR LEGIBLE COPY OF STATE ISSUED DRIVER'S LICENSE, OR ID CARD WITH AFFIDAVIT.**

1. Check No. \_\_\_\_\_ Date on Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to the order of \_\_\_\_\_

Written amount \$ \_\_\_\_\_

Signature Line \_\_\_\_\_

2. Check No. \_\_\_\_\_ Date on Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to the order of \_\_\_\_\_

Written amount \$ \_\_\_\_\_

Signature Line \_\_\_\_\_

3. Check No. \_\_\_\_\_ Date on Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to the order of \_\_\_\_\_

Written amount \$ \_\_\_\_\_

Signature Line \_\_\_\_\_



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4. Check No. \_\_\_\_\_ Date on Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to the order of \_\_\_\_\_

Written amount \$ \_\_\_\_\_

Signature Line \_\_\_\_\_

5. Check No. \_\_\_\_\_ Date on Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

Paid to the order of \_\_\_\_\_

Written amount \$ \_\_\_\_\_

Signature Line \_\_\_\_\_

The undersigned denies having seen such check (s) previously or authorizing any person to sign or endorse said items. They were written by person (s) \_\_ Known \_\_ Unknown to me. I further warrant that no proceeds or benefits from the unauthorized payment / negotiation of the item (s) were received by the undersigned. By my signature below, I agree, if necessary, to assist or testify on the State's behalf in the resolution / prosecution of this matter.

**Affiant understands that making a false sworn statement is a felony under ARS 13-2702, 13-2703**

Your Full Name \_\_\_\_\_ PID \_\_\_\_\_

Street Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Telephone # \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY NOTARY**

State of Arizona, County of \_\_\_\_\_ Organization \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

*SUBMIT ALL INFORMATION TO ADDRESS LISTED BELOW*

**CHECK ENFORCEMENT PROGRAM**

301 WEST JEFFERSON STREET, SUITE 200 • PHOENIX, AZ 85003

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