

### LOST WARRANT AFFIDAVIT AND AGREEMENT

Complete this form and return to the following address: Office of Recovery Services  
PO Box 45033  
Salt Lake City, UT 84145-0033

**DO NOT SIGN THIS FORM UNTIL YOU HAVE CAREFULLY READ IT IN ITS ENTIRETY. SIGNING THIS FORM CONSTITUTES A BINDING CONTRACT TO THE TERMS SET FORTH IN THIS AFFIDAVIT/AGREEMENT.**

**Contact the ORS Customer Service Unit at 801-536-8500 to obtain the information necessary to complete this document.**

I, \_\_\_\_\_, \_\_\_\_\_ (PID), have not received or cashed nor have I seen or have knowledge of the location of warrant # \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ representing my:

- Child and/or spousal support for the month of \_\_\_\_\_, \_\_\_\_\_
- Other (explain): \_\_\_\_\_

issued by the Office of Recovery Services/Child Support Services (ORS/CSS).

If this warrant comes into my possession or I receive information as to its location, **I WILL IMMEDIATELY NOTIFY THE ORS/CSS OFFICE AND I WILL NOT ATTEMPT TO CASH THIS WARRANT OR ASSIST IN CASHING THE WARRANT.**

I understand that if any part of this statement is false or if I cash or have anyone else cash the warrant, **I WILL HAVE LEGAL ACTION INITIATED AGAINST ME AND I MAY BE CHARGED WITH A FELONY CRIME.** Conviction of a felony may include a sentence of jail time and full restitution and will result in a criminal record.

If I cash or assist in cashing the warrant, I understand ORS/CSS WILL RECOVER THE FULL WARRANT AMOUNT PLUS ASSOCIATED COSTS, INTEREST, AND POSSIBLE PENALTIES BY TAKING MY ENTIRE FUTURE CHILD AND/OR SPOUSAL SUPPORT UNTIL THE WARRANT AND ALL COSTS AND INTEREST ARE REPAYED IN FULL. **If I am not on public assistance and not receiving child and/or spousal support through ORS/CSS, I will pay the full amount of the warrant including associated costs, interest, and possible penalties directly to ORS/CSS.** I also understand that I will have to pay ORS/CSS the cost of the hand writing analysis should one be necessary and it concludes that I have in fact cashed the warrant or that I was a party to cashing the warrant.

**BY SIGNING THIS DOCUMENT I AGREE TO REPAY THE WARRANT AMOUNT AND ALL ASSOCIATED COSTS, INTEREST, AND PENALTIES IF I CASHED OR ASSISTED IN CASHING THIS WARRANT.** I further agree that my entire child and/or spousal support will be retained by ORS/CSS until the warrant amount and all costs and interest are repaid in full. I further agree that if I receive public assistance that A VENDOR PAYMENT OF MY ENTIRE ASSISTANCE WARRANT(S)/FOOD STAMP WARRANTS WILL BE SUBMITTED TO ORS/CSS UNTIL THE WARRANT AMOUNT AND ALL ASSOCIATED COSTS, INTEREST AND PENALTIES ARE PAID IN FULL.

I swear and affirm under penalty of perjury that the statements in this document are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of Utah  
§  
County of \_\_\_\_\_

Subscribed and sworn to before me \_\_\_\_\_, on this \_\_\_\_\_  
Notary Name

day of \_\_\_\_\_, in the year \_\_\_\_\_, by \_\_\_\_\_.  
Document Signer

Notary Seal:

\_\_\_\_\_  
Notary Signature