

**THE CITY OF NEW YORK  
 ADMINISTRATION FOR CHILDREN'S SERVICES**

**STATEMENT OF LOSS, THEFT, OR NON-RECEIPT OF SOCIAL SERVICES CHECK**  
*(Complete in Duplicate)*

Date \_\_\_\_\_ S.S.C. Office \_\_\_\_\_ Type of Care \_\_\_\_\_  
 Payee \_\_\_\_\_ Case No. \_\_\_\_\_  
 Complete Address \_\_\_\_\_  
 Check Number \_\_\_\_\_ Date of Check \_\_\_\_\_ Amount \$ \_\_\_\_\_

I \_\_\_\_\_, being duly sworn depose and say: That I am the payee identified above; that I have been informed by the said Department of Social Services that the check identified above drawn to my order was issued by the said Department; that I have not received said check or the proceeds thereof directly or indirectly; that I did not place an endorsement thereon or authorize anyone to do so. If this check comes into my possession, I will return it immediately to the Department of Social Services. **I AGREE NOT TO ENDORSE AND NOT TO CASH THIS CHECK.**

I have been advised and I know that the said Department is relying upon my statements to issue a replacement check and that, if I give any false statements or representations, I will be subject to criminal penalties. I am also aware that, if a duplication of public monies results from any false statement or representation by me, my future payments will be reduced to the extent necessary to recover any monies to which I was not entitled.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_  
 \_\_\_\_\_ Signature of Adoptive Mother  
 \_\_\_\_\_ Signature of Adoptive Father  
 \_\_\_\_\_ Public Notary or Commissioner of Deeds

FOR APPROPRIATION ACCOUNTS SECTION, DIVISION OF ACCOUNTING, regarding check to be replaced:  
 Date of Check \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check No. \_\_\_\_\_  
 Case Name \_\_\_\_\_ Case No. \_\_\_\_\_ Roll No. \_\_\_\_\_  
 This check has not been cancelled to date by the Appropriation Accounts Section.  
 Date \_\_\_\_\_ Signed by \_\_\_\_\_ Head Control Clerk  
 REPLACEMENT INFORMATION: Spec. Check Auth. No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

**ISSUANCE OF REPLACEMENT FOR ABOVE CHECK AUTHORIZED**

\_\_\_\_\_ Signed by \_\_\_\_\_  
 Caseload No. \_\_\_\_\_ Date \_\_\_\_\_ Unit Supervisor \_\_\_\_\_ Unit \_\_\_\_\_

FOR RECONCILIATION SECTION, DIVISION OF ACCOUNTING  
 ORIGINAL CHECK:  
 Endorsed \_\_\_\_\_ Cleared Bank \_\_\_\_\_  
 Disposition \_\_\_\_\_ Bank's Credit Received \_\_\_\_\_