

## 证实伪造背书之宣誓书

### Affidavit of Forged Endorsement

DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
OFFICE OF ACCOUNTING SERVICES (OAS)  
AFFIDAVIT DESK  
PO BOX 45842  
OLYMPIA WA 98504-5842

华盛顿州 001经费

县 \_\_\_\_\_

付款凭单号码: \_\_\_\_\_

个案号码: \_\_\_\_\_

本人, \_\_\_\_\_, 是华盛顿州颁发之付款凭单中列名的受款人,

付款凭单号码 \_\_\_\_\_, 日期 \_\_\_\_\_, 20 \_\_\_\_\_

金额为\$ \_\_\_\_\_ 特此声明, 上述付款凭单背面所示的本人之签名属伪造;  
本人还声明, 我未曾背书上述付款凭单, 而且未以任何方式从中获得任何收益。

本人特此郑重宣誓并证实, 以上陈述属实且正确。若有不实之词, 愿受伪证罪处罚。

NOTARY SEAL

\_\_\_\_\_  
受款人签名

\_\_\_\_\_  
邮寄地址

\_\_\_\_\_  
城市 州 邮政编码

\_\_\_\_\_  
受款人电话号码

\_\_\_\_\_  
宣誓书签署者的职务 (仅要求服务提供者填写)

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

\_\_\_\_\_  
NOTARY PUBLIC

In and for the State of Washington, residing at: \_\_\_\_\_

CITY

My appointment expires: \_\_\_\_\_.

见证人: 若上述受款人以记号(X)代签, 则须有见证人

|          |           |    |                   |      |  |
|----------|-----------|----|-------------------|------|--|
| <b>1</b> | 见证人签名     | 日期 | 在此处工整填写姓名 (见证人姓名) |      |  |
|          | 街道名称与门牌号码 | 城市 | 州                 | 邮政编码 |  |
| <b>2</b> | 见证人签名     | 日期 | 在此处工整填写姓名 (见证人姓名) |      |  |
|          | 街道名称与门牌号码 | 城市 | 州                 | 邮政编码 |  |

**华盛顿州修正法规RCW 9A.72.030**, 二级伪证罪。 (1) 以下行为将导致二级伪证罪: 为了蓄意误导履行其职责的公务员, 某人在依法律要求或授权而宣誓时编造虚假陈述, 而且此人知道其陈述虚假。 (2) 二级伪证罪属C类重罪。

COPIES: Original and One Copy – Disbursements; Copy – Financial File

**FOR OFFICE USE ONLY (仅供本处填写)**

**INSTRUCTIONS**  
**AFFIDAVIT OF FORGED ENDORSEMENT, DSHS 09-052**

**A. USE**

Use this form when notified by Disbursements that a previously declared lost, stolen, or destroyed warrant has been cashed and the client claims the signature is a forgery. See Affidavit Lost, Stolen or Destroyed Assistance Warrant, DSHS 07-008.

Disbursements sends a copy of the cashed warrant to the Community Services Office so the client can verify if the signature on the warrant is their own. If the client states the signature on the warrant is not theirs, initiate the DSHS 09-052 and send it to Disbursements.

Disbursements screens the DSHS 09-052(X) before sending it to the State Treasurer. When the State Treasurer receives a DSHS 09-052 from Disbursements, they use the form to reclaim funds paid in error to a cashing institution because of a warrant forgery. Return the completed form immediately so that collection can be pursued by the Treasurer's Office.

**B. COMPLETION**

1. Print or have typed:
  - a. The county in which the forged endorsement is notarized.
  - b. The complete warrant number. Use a separate affidavit for each warrant.
  - c. The complete case number.
  - d. The payee's name.
  - e. The complete warrant number.
  - f. Date and year of issued warrant.
  - g. Amount of warrant.
  - h. Signature of payee (person who signed warrant). If there is a Protective Payee (PP), the PP must sign the form not the client.
  - i. Address of payee.
2. The payee must sign the form in the presence of a Notary Public.
3. The Notary Public will complete the remainder of the form.

**C. DISTRIBUTION**

1. Send notarized original and one copy to: OAS/Disbursements, Mail Stop: 45842.
2. File one copy in the Electronic Case Record.

Send an English version of the form when sending a notarized original and one copy of a non-English version of the DSHS 09-052. The English version of the form does not require the client's signature.