



**Qoraal Marqaati ee Been-abuur
Saxeex
Affidavit of Forged Endorsement**

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

DAWLADDA WASHINGTON Fuundada 001

DEGMADA _____

Waarani Lambar: _____

Kiis Lambar: _____

Aniga oo ah, _____, oo ku magacaaban wax-la-siiyaha Dawladda Washington ee Waarani Lambar _____, taariikhda _____, 20_____

Caddadka lacagta \$ _____, waxaan halkan ku caddeynayaa in magacayga lagu saxeexay dhabarka waaranka hore loo soo sheegay uu yahay mid been-abuur ah, iyo in aanan anigu saxeexin waaranka; welibana aanan anigu ka faa'idin wixii halkaas lagu qaatay.

Aniga oo og haddii aan been sheego in la i ciqaabay, ayaan waxaan halkan si dhab ah ugu dhaaranayaa, oo aan caddeynayaa in hadalkeygu yahay mid run ah oo sax ah.

NOTARY SEAL

SAXEEXA LACAG-QAATAHA

CINWAANKA

MAGAALO DAWLAD "ZIP CODE"KA

TALEEFAN LAMBARKA LACAG-QAATAHA

MANSABKA QOFKA SAXEEXAYA MARQAATIGAN (WAXA LAGA RABAA OO QURA ADEEG-BIXIYAYAASHA)

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: _____.

MARQAATI: WAA LOO BAAHAN YAHAY HADDII UU LACAG-QAATAHA KOR KU XUSAN UU KU SAXEEXO CALAAMADDA (X)

1	SAXEEXA MARQAATIGA	TAARIIKH	KU DAABAC (MAGACA MARQAATIGA) HALKAN	
	CINWAAN WADDO	MAGAALO	DAWLAD	"ZIP CODE"KA
2	SAXEEXA MARQAATIGA	TAARIIKH	HALKAN KU DAABAC MAGACA MARQAATIGA	
	CINWAAN WADDO	MAGAALO	DAWLAD	"ZIP CODE"KA

RCW 9A.72.030 DEMBI BEEN-SHEEGID DARAJADA LABAAD. (1) Waxa qof lagu heli karaa inuu yahay been-sheege darajada labaad ah haddii uu ku kaco oraah ah been raad leh, isagoo u qasdiyey INUU shaqaale dadweyne ka marin-habaabiyo shaqadiisa, taas oo uu og yahay isagoo maray dhaarta sharcigu oggol yahay. (2) Been-sheegidda darajada labaad ihi waa dembi "Class C" ah.

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

FOR OFFICE USE ONLY (XAFIISKA OO QURA AYAA ISTICMAALI KARA)

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.

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