

# REQUEST FOR DUPLICATE CHECK/STOP PAYMENT

(REV. 04-2008) (Page 1)

**COURT USE**

DATE REQUESTED	COURT CONTACT	CONTACT PHONE NUMBER
REQUESTING COURT	DOCUMENT NUMBER	CHECK NUMBER
PAYEE NAME <small>(Exactly as it appears on check)</small>	DATE ISSUED <small>(MM/DD/YYYY)</small>	CHECK AMOUNT
REASON FOR ACTION	ACTION REQUESTED <small>(Check all that apply)</small> <input type="checkbox"/> Void Check <input type="checkbox"/> Stop Payment <input type="checkbox"/> Re-Issue Check <input type="checkbox"/> Reverse Document <input type="checkbox"/> Other _____	<b>PHOENIX USE ONLY</b>
		EFFECTIVE VOID/STOP DATE
		CHECK REVERSAL NUMBER
		DOCUMENT REVERSAL NUMBER

**PAYEE USE**

**IMPORTANT! SEE INSTRUCTIONS (on next page)**

I, \_\_\_\_\_  
 mailing address \_\_\_\_\_  
Street City State Zip Code

certify or declare:

That the Superior Courts of California check described above was  never received;  lost/destroyed;  stolen

on or about \_\_\_\_\_, under the following circumstances:

I declare that I am the owner or custodian of said check, the check has not been cashed or transferred, and I am entitled to possession thereof; or the corporation, partnership, or governmental agency in whose behalf I make this application, is the owner or custodian, has not cashed or transferred the check, and is entitled to possession thereof.

(if a corporation is owner or custodian) The declarant is an officer, to wit \_\_\_\_\_

of, \_\_\_\_\_, a corporation and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the Superior Courts of California to issue a duplicate check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the Administrative Office of the Courts, Superior Courts of California, its officers and employees, from any loss resulting from the issuance of said duplicate check.

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)	
1.	DATE SIGNED
2.	DATE SIGNED
TITLE <small>(If signing for Corporation, Partnership, or Governmental Agency)</small>	
CORPORATION, PARTNERSHIP, OR GOVERNMENTAL AGENCY NAME <small>(If applicable)</small>	
DAYTIME TELEPHONE NUMBER <small>(Include Area Code)</small>	

# REQUEST FOR DUPLICATE CHECK/STOP PAYMENT

(REV. 04-2008) (Page 2)

## PAYEE INSTRUCTIONS

1. The completion of this application form and its return to the office at the address below will enable the Superior Courts of California to issue and send you a duplicate check to replace the original which was reported never received, lost/destroyed, or stolen.
2. If you receive the original check prior to completing this form:
  - A. Cash the original check.
  - B. Destroy this form.
3. Please fill out the form carefully and completely. All blanks must be filled. An individual applying in his/her own behalf need not show his/her title, or name of firm, corporation, or governmental agency.
4. If the check is drawn to more than one payee, each must sign the application. Each payee must sign his or her own name as it appeared on the original check.
5. **DO NOT CASH THE ORIGINAL CHECK ONCE THE APPLICATION HAS BEEN SIGNED AND RETURNED TO THE PHOENIX SHARED SERVICES CENTER!** If the original check is presented for payment, it will not clear through the banking system, and processing charges may result. The original check is invalid and should be returned to this office if received or recovered.
6. Please note the check number and issue date, if available, for your records. Inquiries can be made to the original issuing court (see top of first page).
7. Return application to the Del Norte Superior Court.
8. Mail complete application to:  
Del Norte Superior Court  
PO Box 1029  
Crescent City CA 95531