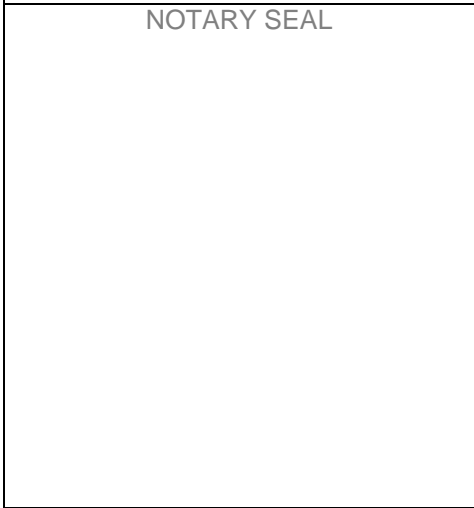


ໜັງສືຢັ້ງຢືນການປອມ  
ແປງໜັງສືອານຸຍາດ  
Affidavit of Forged Endorsement

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

ລັດວໍຊິງຕັນ ກອງທຶນ 001  
 ເຂດ \_\_\_\_\_ ໜັງສືບັງຄັບເລກທີ \_\_\_\_\_  
 ຄະດີເລກທີ: \_\_\_\_\_

ຂ້າພະເຈົ້າ, \_\_\_\_\_, ເປັນຜູ້ທີ່ມີຊື່ໄດ້ຮັບເງິນຈາກລັດວໍຊິງຕັນ  
 ໝາຍເລກປະກັນ \_\_\_\_\_, ວັນທີ \_\_\_\_\_, 20\_\_\_\_\_  
 ເປັນຈຳນວນເງິນ \$ \_\_\_\_\_, ຂໍຢັ້ງຢືນໃນທີ່ນີ້ວ່າຊື່ທີ່ເຊັນໄວ້ໜັງສືນີ້ແມ່ນຂອງປອມ ແລະ ຂ້ອຍບໍ່ໄດ້ຮັບອານຸຍາດ ຕາມໜັງສືບັງຄັບ ຫລື  
 ບໍ່ໄດ້ຮັບຜົນປະໂຫຍດຈາກການຂັ້ນຕອນນັ້ນ.  
 ຂ້າພະເຈົ້າຂໍສາບານ ແລະ ຢັ້ງຢືນພາຍໃຕ້ການຕັດສິນຂອງລູກຂຸນວ່ານີ້ແມ່ນຄວາມຈິງ ແລະ ແມ່ນຄຳເວົ້າທີ່ຖືກຕ້ອງ .



\_\_\_\_\_ ລາຍເຊັນຜູ້ຮັບເງິນ  
 \_\_\_\_\_ ທີ່ຢູ່ທາງໄປສະນີ  
 \_\_\_\_\_ ເມືອງ \_\_\_\_\_ ລັດ \_\_\_\_\_ ລະຫັດໄປສະນີ  
 \_\_\_\_\_ ໝາຍເລກໂທລະສັບຜູ້ຮັບເງິນ  
 \_\_\_\_\_ ຕຳແໜ່ງຂອງບຸກຄົນທີ່ເຊັນໃນໜັງສືສະລະພາບ ( ສະເພາະຜູ້ຂາຍເທົ່ານັ້ນ )

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: \_\_\_\_\_.

ພະຍານ: ຕ້ອງເຊັນໂດຍຜູ້ທີ່ເຊັນຂ້າງເທິງຕາມເຄື່ອງໝາຍ (X)			
1	ລາຍເຊັນພະຍານ	ວັນທີ	ຕົວພິມ (ຊື່ພະຍານ) ທີ່ນີ້
	ຊື່ຖະໜົນ	ເມືອງ	ລັດ ລະຫັດໄປສະນີ
2	ລາຍເຊັນພະຍານ	ວັນທີ	ຕົວພິມ (ຊື່ພະຍານ) ທີ່ນີ້
	ຊື່ຖະໜົນ	ເມືອງ	ລັດ ລະຫັດໄປສະນີ

RCW 9A.72.030ການກ່າວເຫດໃນລະດັບທີສອງ (1) ບຸກຄົນມີຄວາມຜິດໃນການກ່າວເຫດໃນລະດັບສອງຫາກວ່າການກ່າວນັ້ນມີຄວາມຕັ້ງໃຈ  
 ທີ່ຈະເຮັດໃຫ້ຜູ້ບໍລິການສາທາລະນະກະທຳຜິດຕໍ່ໜ້າທີ, ການກ່າວເຫດ ທີ່ລາວຮູ້ວ່າຜິດພາຍໃຕ້ການປະຕິບານຕົນ ຫລື ຕາມການອານຸມັດຈາກ  
 ກົດໝາຍ. (2) ການກ່າວເຫດໃນລະດັບສອງແມ່ນຄວາມຜິດໃນລະດັບ C.

**FOR OFFICE USE ONLY (ສໍາຫລັບທາງການເທົ່ານັ້ນ)**

**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.

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