

**NOTICE OF FORM CHANGE NO. 04-148**

DATE

05/12/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

- Community Care Licensing District Offices  
 Private and Public Adoption Agencies

- District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    **STO CA 0034 (4/04) Forged Endorsement Affidavit**

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 4/04	REPLACES 5/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

- Use until exhausted                       Destroy

## USE NEW FORM

- When supply available in DSS Warehouse                       Use new form effective immediately.

## USE FORM IN ACCORDANCE WITH

- All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Due to low usage this will now be a Master Only form.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**FORGED ENDORSEMENT AFFIDAVIT**

STO-CA-0034 (Rev. 4/04)

Posted	_____
C/B	_____

**INSTRUCTIONS**

1. Prepare in triplicate. Forward all three copies to the address noted.
2. PRINT or TYPE all matter entered on this form.
3. All three copies are to be signed by affiant in ink.
4. Two disinterested parties must sign all three copies in ink unless Notarial Acknowledgement is made.
5. If Notarial Acknowledgement is made in lieu of witnesses, only one copy of this form need be notarized.

RETURN COMPLETED FORMS TO:

**CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
IHSS/CMIPS UNIT  
P.O. Box 700  
Rancho Cordova, CA 95741-0700**

**1. DESCRIPTION OF WARRANT/CHECK**

NAME OF PAYEE (PRINT OR TYPE)		NAME OF CO-PAYEE(S) IF ANY (PRINT OR TYPE)	
ADDRESS			DATE PAID BY STATE TREASURER
SERIAL NUMBER	FUND/ACCOUNT NUMBER	AMOUNT	DATED

**2. STATEMENT OF FACTS**

I, THE UNDERSIGNED, DO HEREBY SET FORTH THE FOLLOWING FACTS IN CONNECTION WITH THE ABOVE DESCRIBED WARRANT OR CHECK:

THAT I am the owner of the above described item.

THAT the endorsement purporting to be my endorsement is a forgery and was not authorized or written for me, nor written at my direction.

THAT I have never ratified said endorsement.

THAT no part of the money paid on the item described above was received by me directly or indirectly or was applied to any use or purpose on my behalf.

THAT I am making this statement in order that the State Treasurer may effect reimbursement through the bank(s) which guaranteed the endorsement of the above described item.

*I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.*

**3. AFFIANT-CO-PAYEE(S) IF APPLICABLE (ALL THREE COPIES TO BE SIGNED)**

AFFIANT'S NAME - FIRST, MIDDLE, LAST (PRINT OR TYPE)		CO-PAYEE(S) NAME(S) - FIRST, MIDDLE, LAST (PRINT OR TYPE)	
AFFIANT'S SIGNATURE (SIGN IN INK - REMAIN WITHIN BORDERS)		CO-PAYEE(S) SIGNATURE(S) (SIGN IN INK - REMAIN WITHIN BORDERS)	
ADDRESS (PRINT OR TYPE)		ADDRESS (PRINT OR TYPE)	
DATE	TELEPHONE ( )	DATE	TELEPHONE ( )

*THIS AFFIDAVIT MUST BE EITHER WITNESSED (BY TWO DISINTERESTED PARTIES) OR NOTARIZED.*

**4. TWO WITNESSES (ALL THREE COPIES TO BE SIGNED)**

WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)	
ADDRESS	DATE	
WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)	
ADDRESS	DATE	

**5. NOTARIAL ACKNOWLEDGEMENT (ONLY ONE COPY NEED BE NOTARIZED)**

STAMP	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, YEAR _____	
	NOTARY'S SIGNATURE	
	ADDRESS	