

<input type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA		CASE NUMBER
DIVISION	LOST CHECK AFFIDAVIT	CLOCK IN
PLAINTIFF		
DEFENDANT		
PARTICIPANT ID#		

LOST CHECK INFORMATION	
NAME OF PAYEE	
CHECK NUMBER	
DATE OF CHECK	
AMOUNT OF CHECK	

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME this day personally appeared _____, who, being duly sworn, deposes and says that to this date, he/she has not received the above referenced check. **If said check is received after the signing of this affidavit, it will be mailed immediately to the Clerk's office.**

AFFIANT SIGNATURE

AFFIANT STREET ADDRESS

CITY/STATE/ZIP

AFFIANT ADDRESS/APT #.

PHONE NUMBER

SWORN to and SUBSCRIBED before me this _____ day of _____ 20____ .

NOTARY PUBLIC/DEPUTY CLERK

STOP PAYMENT ISSUED TO BOOKKEEPING _____

CHECK CASHED _____

REPLACEMENT CHECK NUMBER _____

REPLACEMENT CHECK DATE _____