



CAROLYN TIMMANN
CLERK OF THE CIRCUIT COURT & COMPTROLLER
MARTIN COUNTY, FLORIDA

AFFIDAVIT FOR UNCLAIMED MONIES

I, _____, hereby claim check no. _____, payable to _____ in the amount of \$_____, referred to on the Martin County Clerk of the Circuit Court & Comptroller’s website or other source. I certify that (check one):

- I am the person to whom these funds are due
- I represent the entity to whom these funds belong

I request that the Martin County Clerk of the Circuit Court & Comptroller issue a cancellation on the above check and issue a new check to replace it. I agree to pay any bank charges that may apply for proper cancellation and reissuance of funds.

Further, I agree that should the lost/destroyed/undelivered Martin County check be found or come into my hands, I will promptly deliver it to the Martin County Clerk’s Finance Division.

Under penalties of perjury, I hereby swear and affirm that if any false or misleading statements were made with the intent to defraud the Martin County Clerk of the Circuit Court & Comptroller, I acknowledge that the Clerk may request that such act be prosecuted to the full extent of the laws of Florida.

Dated this _____ day of _____, 20____.

Signature of Payee

Printed Name

Current Address of Payee** : _____

Telephone Number: _____

INDIVIDUAL CLAIMANTS MUST PROVIDE A COPY OF THEIR GOVERNMENT ISSUED PHOTO ID

****If current address is different than address listed on original check, proof of original address may be required.**

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Signature of Notary/Deputy Clerk

(Seal)

Printed Name

Please sign and return to: Martin County Clerk of the Circuit Court & Comptroller
Finance Division
PO Box 9016, Stuart, FL 34995-9016