



Department of Health and Social Services
Division of Public Assistance

AFFIDAVIT OF FORGERY

DPA Office: _____

Case Number _____

Address: _____

_____ being duly sworn deposes and says as follows:

I reside at: Street/P.O. _____ City: _____ State: _____ Zip Code: _____

I have been shown a copy of warrant # _____, dated: _____, drawn on the State of Alaska, to the order of _____, in the amount of \$ _____, and signed "_____".

The signature appearing on the above warrant is not my signature, nor was it placed there with my knowledge or consent, or by any person authorized by me to sign. I did not receive any part of the funds represented by this warrant.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE

Signed: _____

Printed Name: _____

On this _____ day of _____, 20 _____, before me personally came _____

to me known, and known to be the individual described in, and who executed the foregoing.

Notary Public

Commission Expires: _____