Illinois State Treasurer's Office
Attn: Warrant Division/Forgery Section
400 West Monroe Street, Suite 401
Springfield, IL 62704
Phone: (217) 782-4117
Fax: (217) 558-4028

FORGED WARRANT(S) INVESTIGATION CLAIM FORM

1. Claimant's Name: _____

2. Claimant's Address:_____

   _____

3. Claimant's Phone Numbers:(home)_____ (work)_____

4. State of Illinois Agency providing warrant(s):_____

5. Do the funds from the warrant(s) rightfully belong to you: _____YES _____NO

6. Please provide detailed information explaining how you discovered that a forgery has occurred in your name. (Print or type and use additional paper if needed).

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