

Illinois State Treasurer's Office Attn: Warrant Division/Forgery Section 1 East Old State Capitol Plaza Springfield, IL 62701 Phone: (217) 782-4117

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 dis has occurred in your name. (Print or type and use additiona		