



**Illinois State Treasurer's Office**  
**Attn: Warrant Division/Forgery Section**  
**1 East Old State Capitol Plaza**  
**Springfield, IL 62701**  
**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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