

STATE OF SOUTH CAROLINA)
COUNTY OF BERKELEY)
)
)
_____)
PLAINTIFF)
)
VS.)
)
)
_____)
DEFENDANT)

IN THE FAMILY COURT OF
THE NINTH JUDICIAL CIRCUIT

CASE NO: _____

HOME NO: _____
WORK NO: _____
PLAINTIFF'S

AFFIDAVIT

PERSONALLY appeared before me _____ who being duly sworn that he/she has not received Support/Alimony check number _____ for \$_____ issued on _____ payable to _____.

I WILL NOTIFY the Accounting Clerk for Family Court, at 723-3800/719-4400/567-3136 ext. 4507 if I receive the above referenced check after submitting this affidavit. **IN THE EVENT** that I receive the original check number _____ I will not cash it and I will return it to the Berkeley County Family Court, PO Box 219, Moncks Corner, SC 29461.

I understand that if I cash the above-mentioned check after completing this affidavit without notice to the Court I will be liable for Fraud.

Sworn before me this _____ day
of _____, _____

Notary Public

My Commission Expires:

Plaintiff

Address that replacement check
should be mailed to:

A COPY OF A PICTURE ID MUST ACCOMPANY ALL COMPLETED AFFIDAVITS.
A stop payment will not be done on the lost/stolen check until after the 5th business day.