STATE OF WISCONSIN CLAIMS BOARD CLAIM FORM
FOR REISSUANCE OF STALE DATED CHECK

Submit signed and notarized form and supporting documents via email to: stateclaimsboard@wisconsin.gov
or by mail to: State of Wisconsin Claims Board, PO Box 7864, Madison, WI 53707-7864.
Questions? Please call (608) 264-9595.

Claims Board claims are considered public records under Wisconsin’s Public Records Law.
This form and any accompanying documentation may be open to inspection by the public.

Claimant Information

Name: ____________________________  Mr/Ms, first name, last name

Address: ____________________________
Street address                city                state                zip

Phone: ____________________________  Email: ____________________________
Daytime phone and area code

Claimant Representative Information
(If different from claimant-please also include Power of Attorney authorizing pursuit of claim on claimant’s behalf.)

Name: ____________________________  Mr/Ms, first name, last name

Address: ____________________________
Street address                city                state                zip

Phone: ____________________________  Email: ____________________________
Daytime phone and area code

I am requesting reissuance of the following check(s):
(Checks over one-year old only. To request reissue of checks less than one-year old, please contact issuing agency directly.)

<table>
<thead>
<tr>
<th>Check Number</th>
<th>Payee</th>
<th>Date Issued</th>
<th>Amount</th>
<th>Issuing Agency (if known)</th>
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Total: $_______________

(page 1 of 2)
Reason original check was not cashed: ____________________________________________________________

__________________________________________________________________________________________

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Signature and Notarization

I hereby certify that all statements contained herein and on any attachments hereto are true and that the losses claimed were actually incurred.

______________________________                             ________________
Signature of Claimant               Date

The above-named claimant personally came before me this day and is known to me to be the person who executed the foregoing instrument and acknowledged the same.

______________________________                             ________________
Signature of Notary                Date

______________________________                             ________________
County, ___________________________________ State

My Commission Expires: ________________                             ________________