

**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.*

Official Use Only

Claim No: _____ Claimant No: _____

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.)

Check Number	Payee	Date Issued	Amount	Issuing Agency (if known)

Total: \$ _____

Reason original check was not cashed: _____

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, _____
County State

My Commission Expires: _____
Date

