

**NEW HAMPSHIRE EMPLOYMENT SECURITY
MISSING CHECK AFFIDAVIT**



I _____ of _____
Name Street

_____ City State ZIP SSN (Last 4 digits)

state that my Unemployment Compensation check for the week(s) ending

_____ has been

Lost () Destroyed () Stolen* () Not Received ().

**Must be notarized*

CLAIMANT ADVISORY: 1) Signing of the affidavit when the check has already been cashed is a fraudulent act and will be acted on accordingly; 2) It takes approximately five (5) working days to issue a duplicate check; 3) If the missing check is received after the affidavit is filed, the check should not be cashed and you must report it immediately to a NHWORKS Local Office Manger.

I have received no value for, nor have I endorsed, or permitted or known another to endorse, said check.

_____/_____/_____
Date Signature

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, personally appeared

_____, known, or satisfactorily proven to me and who, by signing the above in my presence, acknowledges that he/she executed the same freely and voluntarily and for the use of the NH Department of Employment Security and for the purpose of obtaining unemployment compensation benefits he/she, alleges due him/her

In witness whereof I have hereunto set my hand and seal (notary) on the day and the year above written at: _____

City or Town

SIGNATURE OF WITNESS

PRINT NAME AND TITLE OF WITNESS

Authorized Representative of the Commissioner
OR Notary Public OR Justice of the Peace
My Commission Expires: ____/____/____

| For Office Use Only | | |
|---------------------|----------------|------------|
| Check # | _____ | |
| Amount \$ | _____ | |
| Date Issued | ____/____/____ | |
| LO: | Fiscal: | UCB: _____ |

NHES is a proud member of America's Workforce Network and NH Works. NHES is an Equal Opportunity Employer and complies with the Americans with Disabilities Act. Auxiliary Aids and Services are available on request of individuals with disabilities.