

**TO RELEASE REPLACEMENT CHECK FOR UNCASHED CHECK**

CASE NUMBER \_\_\_\_\_

State of Illinois        )  
                                  ) SS  
County of Will         )

**AFFIDAVIT**

I, \_\_\_\_\_ ON OATH DEPOSES AND SAYS THAT HE/SHE IS ENTITLED TO A REPLACEMENT CHECK, IN THE AMOUNT OF \$\_\_\_\_\_, ISSUED BY THE WILL COUNTY CIRCUIT CLERK. THIS AFFIANT STATES THAT THE ORIGINAL CHECK WAS MISPLACED OR LOST. THIS AFFIANT ALSO AFFIRMS THAT HE/SHE WILL NOT CASH THE ORIGINAL CHECK NUMBERED \_\_\_\_\_ AFTER DEPOSIT OF THE REPLACEMENT CHECK AND, IF FOUND, WILL RETURN SAID CHECK TO THE WILL COUNTY CIRCUIT CLERK.

\_\_\_\_\_  
(Affiant Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN  
TO BEFORE ME THIS \_\_\_\_\_ DAY  
OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

A COPY OF THIS AFFIDAVIT WILL BE PLACED ON FILE IN THE OFFICE OF THE WILL COUNTY STATE'S ATTORNEY.