



# Affidavit of Lost Warrant

## Provider Request

Return Form to: [HCPF.HealthFirstColoradoAccounting@hcpf.state.co.us](mailto:HCPF.HealthFirstColoradoAccounting@hcpf.state.co.us)

Warrant Number: \_\_\_\_\_

Warrant Amount: \_\_\_\_\_

Warrant Date: \_\_\_\_\_

Warrant Payee: \_\_\_\_\_

**Note:** The above portion to be completed by the Issuing Department.

The Affiant: \_\_\_\_\_

**Legal name of the responsible party signing as the affiant**

Who is the: \_\_\_\_\_ of: \_\_\_\_\_

**Title of Affiant for business entities**

**Warrant Payee-company name**

Located/Residing at: \_\_\_\_\_

**Address**

Deposes and says:

The payee on the above referenced warrant  has received, or  has not received the referenced warrant, and that the referenced warrant was:

Lost  Destroyed or  Stolen, on or about the date of: \_\_\_\_\_

1. The affiant is the proper owner, payee, or legal representative of such owner or Payee of the referenced warrant.
2. The affiant has reported the loss, destruction, theft or lack of receipt to payor agency named above.
3. That pursuant to § 24-30-202(8), CRS, the affiant requests that the State Controller issue a replacement warrant in lieu of the above referenced warrant and that a cancellation order be issued on referenced warrant.
4. That neither the affiant nor any person acting under orders, authority, or control of the affiant of referenced warrant has attempted or will attempt to negotiate referenced warrant.
5. That if referenced warrant is negotiated, the affiant agrees to complete and sign an Affidavit of Forgery for referenced warrant.

Affiant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised April 2023

