

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT IN AND FOR
INDIAN RIVER COUNTY, FLORIDA

PAYEE

AFFIDAVIT

I, _____ do affirm the check number
_____ dated _____ has not been
received by me as of _____.

If said check should be cashed or deposited into any of my bank accounts, I hereby will
pay to the Clerk of the Circuit Court the sum of \$_____.

Signature

By Deputy Clerk

Or

SWORN TO AND SUBSCRIBED before me
by _____ who is personally known to me or
who has produced _____ as identification this
_____ day of _____ 20____.

Notary Public
Name:
Commission No:
Expires: