



Administration and Business Services  
**DECLARATION OF WARRANT  
 ENDORSEMENT FORGERY**  
**Riverside County Office of Education**

**Notice:** Any person who, with the intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or office, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine, not exceeding one thousand dollars (\$1,000.00), or by both such imprisonment and fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000.00), or by both such imprisonment and fine.

WARRANT INFORMATION		
DATE	AMOUNT	NUMBER

### Declaration

I, \_\_\_\_\_, residing at \_\_\_\_\_  
 (Print Name) (Street Address)  
 \_\_\_\_\_, \_\_\_\_\_ declare as follows:  
 (City) (State and ZIP code)

- I have not received the above described warrant and that the endorsement of my name on the reverse of the warrant was not placed there by me and is a forgery.
- I have viewed a certificate copy (copy shows front and back) of the above described warrant and that the signature (endorsement) thereon was not placed there by me and is a forgery.
- I have not received any part of the money, nor any benefits from said warrant, nor have I authorized anyone to endorse said warrant and receive money or same for me, nor have I ratified said endorsement.
- That this declaration is made for the purpose of recovering and receiving from the Treasurer of the County of Riverside the warrant amount due me as shown above.

**I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.**

\_\_\_\_\_  
**SIGNATURE** (Declarant/Payee name signature, as it appears on warrant)

Executed at \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_  
 (City) (State) (Date)

\_\_\_\_\_  
**NAME** (Declarant/Payee Name, as printed on Warrant)

\_\_\_\_\_  
**MAILING ADDRESS**

SIGNATURE WITNESSED BY NOTARY PUBLIC	PLACE NOTARY STAMP HERE
<b>NAME</b>	
<b>DESIGNATION/TITLE</b>	

**Payee Return to: District Office**  
**District Return to: Riverside County Office of Education • District Fiscal Services**