

**LOST OR DESTROYED WARRANTS****8426.1**

(Revised 9/00)

Departments will use a Request for Duplicate Controller's Warrant/Stop Payment form, STD. 435, to request a duplicate warrant to replace a lost or destroyed warrant. See [8426.1 Illustration](#). Departments will not issue an office revolving fund check to replace a lost or destroyed warrant except for a payroll warrant.

The STD. 435 is a three page form including:

Page 1 - The legal affidavit requesting a duplicate warrant.

Page 2 - Instructions to the payee.

Page 3 - An optional agency notification of duplicate warrant issued and mailed.

The department that authorized the original warrant (authorizing department) will complete the top portion of the STD. 435. The pertinent data should be typed or legibly printed. If the information is not legible, SCO will return the form to the department.

The authorizing department will mail STD. 435 to the payee to complete the certification. The warrant payee will complete and mail STD. 435 to the SCO, Division of Administration and Disbursements.

The authorizing department may fax a STD. 435 to the payee with instructions that the payee complete the form in non-black, ball point ink. This is to ensure that the SCO receives STD. 435 with original signatures. If it cannot be ascertained whether an original signature is affixed to STD. 435, SCO will return the form to the authorizing department.

Upon receipt of the properly executed STD. 435, SCO will verify the status of the original warrant.

- a. If the warrant has been cashed, SCO will send a photocopy (front and back) with STD. 435 to the authorizing department.
- b. If the warrant is still outstanding, SCO will place a stop payment on the original warrant and issue a duplicate warrant within 7 working days. The duplicate warrant will be mailed directly to the payee.

If the authorizing department wants notification that the duplicate warrant was issued and mailed, the authorizing department must complete page 3 of STD. 435, Agency Acknowledgement of Issuance of Duplicate Warrant. The SCO will date stamp the acknowledgment when the duplicate warrant is issued and mailed to the payee and forward it to the authorizing department.

In cases of theft, the authorizing department will complete STD. 435 as instructed above. The authorizing department will mail or fax STD. 435 to the payee and fax a copy to SCO. A stop payment will be placed immediately to prevent redemption of the original warrant. It is incumbent upon the authorizing department to instruct the payee that if the original warrant is recovered, it is **not** to be cashed. The original warrant will not clear the banking system. Use this process only when the payee has reported theft of a warrant.

See Government Code Sections 17090–97 regarding lost or destroyed warrants.

# SAM—DISBURSEMENTS

STATE OF CALIFORNIA

## REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (REV 9-2000) (Page 1)

DATE REQUESTED	AGENCY TELEPHONE NUMBER	WARRANT NUMBER
REQUESTING AGENCY	UNIT/SECTION	DATE ISSUED (MMDDYY)
IDENTIFICATION NUMBER	AMOUNT (Not Only)	
NAME (Exactly as it appears on warrant)		FUND NUMBER

NAME ADDRESS AND ZIP CODE		<b>SCO USE ONLY</b>
		STATUS
		EFFECTIVE STOP DATE
		REPLACEMENT NUMBER
		REPLACEMENT DATE

RETURN TO: State Controller, Administration and Disbursements Division, P.O. Box 942850, Sacramento, California 94250-5871  
**IMPORTANT! SEE INSTRUCTIONS (on reverse)**

I, \_\_\_\_\_  
 mailing address \_\_\_\_\_  

Street
City
State
Zip Code

certify or declare:  
 That the State of California Controller's warrant described above was  never received;  lost/destroyed;

stolen on or about \_\_\_\_\_ (give date, including year), under the following circumstances:

That declarant is the owner or custodian of said warrant, has not cashed or transferred same, and is entitled to possession thereof; or the corporation, partnership, or government agency in whose behalf declarant makes this application, is the owner or custodian, has not cashed or transferred same, and is entitled to possession thereof.

(if a corporation is owner or custodian) That declarant is an officer, to wit \_\_\_\_\_  
Title

of \_\_\_\_\_, a corporation and is authorized to make this application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the State Controller to issue a duplicate warrant in lieu of said original warrant, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify and hold harmless the State, its officers and employees, from any loss resulting from the issuance of said duplicate warrant. (This indemnity agreement is not applicable if the payee of the lost or destroyed warrant is any governmental agency or officer thereof; or if the State of California, agency or officer thereof, is owner or custodian.)

I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DECLARANT(S)	
1. _____	DATE SIGNED
2. _____	DATE SIGNED
TITLE (If signing for Corporation, Partnership or Government agency)	
CORPORATION, PARTNERSHIP, OR GOVERNMENT AGENCY NAME (If applicable)	
DAYTIME TELEPHONE NUMBER (Include Area Code)	
( )	

# SAM—DISBURSEMENTS

STATE OF CALIFORNIA

## REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (REV. 9-2000) (Reverse, Page 1)

### INSTRUCTIONS

1. The completion of this application form and its return to the office at the address below will enable The State Controller to issue and send to you a duplicate warrant to replace the original which was reported never received, lost/destroyed, or stolen.
2. If you receive the original warrant prior to completing this form:
  - A. Cash the original warrant;
  - B. Destroy this form.
3. Please fill out the form carefully and completely. All blanks must be filled. An individual applying in his/her own behalf need not show his/her title, or name of firm, corporation, or governmental agency.
4. If the warrant is drawn to more than one payee, each must sign the application. Each payee must sign his or her own name as it appeared on the original warrant.
5. **DO NOT CASH THE ORIGINAL WARRANT ONCE THE APPLICATION HAS BEEN SIGNED AND RETURNED TO THE STATE CONTROLLER'S OFFICE!** If the original warrant is presented for payment, it will not clear through the banking system, and processing charges may result. The original warrant is invalid and should be returned to this office if received or recovered.
6. Please note the warrant number and issue date for your records. Inquiries can be made to the original issuing agency (see top of first page).
7. Return all pages to the State Controller's Office.
8. Mail completed application to:

State Controller's Office  
Administration & Disbursements Division - Post Issuance Unit  
P.O. Box 942850  
Sacramento, CA 94250-5871  
Telephone: (916) 445-3903

SAM—DISBURSEMENTS

STATE OF CALIFORNIA

REQUEST FOR DUPLICATE CONTROLLER'S WARRANT / STOP PAYMENT

STD 435 (REV. 9-2000) (Page 2)

(This form is to be completed by the Requesting Agency)

		WARRANT NUMBER
		DATE ISSUED (MMDDYYYY)
		AMOUNT (NET ONLY)
NAME (EXACTLY AS IT APPEARS ON WARRANT)		
NAME		
ADDRESS		
AND ZIP		
CODE		

The State Controller's Office Issued and mailed a duplicate warrant to the payee listed above on \_\_\_\_\_

Agency Address: (required)