

BRAD E. EMBRY

CLERK OF THE CIRCUIT COURT AND COMPTROLLER, OKALOOSA COUNTY, FLORIDA



CHECK REPLACEMENT REQUEST FORM

Submission Instructions:

- Complete fillable form, print, and sign.
- If change of address is necessary, please complete the Notice of Change of Mailing Address or Designated E-mail Address Form attached to this form.
- **Submit completed form, along with a photocopy of your valid driver's license by either mail or email to:**

Okaloosa County Clerk of Court
ATTN: Customer Service
101 E James Lee Blvd Room 108
Crestview FL 32536

Email: request@okaloosaclerk.com

For any questions or assistance, please contact the Clerk's office at (850) 689-5000 or (850) 651-7200

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Date: ____/____/____

Recipient's Information:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ - _____

Email Address: _____

Recipient's Status: (Please check one of the following)

☐ Petitioner ☐ Respondent ☐ Defendant ☐ Cash Bond Depositor ☐ Parent/Legal Guardian
(if change for a minor)

Check Details:

Case #: _____

Original Check Amount: \$_____

Reason for Replacement:

(Please check the appropriate reason for requesting a check replacement)

☐ Lost Check ☐ Not been received ☐ Stale Dated

Please provide any additional information or comments related to your request:

Please carefully acknowledge the following statements by placing your initials next to each one:

_____ I understand that this request is subject to approval and if approved, the check will be issued within 30-60 days of approval.

_____ I understand that if the original check is found or presented to me, I must return the check, by mail, to the address listed above.

_____ I am aware that if the original check should ever be paid to me, I will be obligated to reimburse Okaloosa County Clerk of Court for the original check amount.

I hereby affirm that all of the information provided on this form is true and accurate to the best of my knowledge. I also declare that I am the rightful requester and am duly authorized to make this replacement request.

Recipient's Signature

Date

Office Use Only:

Check Replacement Request Status: ☐ Approved ☐ Denied ☐ Pending

Original Check Date: ____/____/____ Original Check Number: _____

Comments: _____

Authorized Personnel's Signature: _____ Date: _____

NOTICE OF CHANGE OF MAILING ADDRESS OR DESIGNATED E-MAIL ADDRESS

I, _____ certify that my mailing address or designated e-mail address has changed to _____.

I understand that I must keep the clerk’s office and any opposing party or parties notified of my current mailing address or e-mail address. I will file a written notice with the clerk if my mailing address or e-mail address changes again.

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the clerk of court for Okaloosa County and insert name(s) and address(es) of parties used for service below:

By: ☐ E-mail ☐ Delivery ☐ Mail on _____ (date)

Signature

Printed Name

E-Mail Address

Mailing Address

Phone Number