



STATE OF NEVADA
DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION
EMPLOYMENT SECURITY DIVISION

STOP-PAY ORDER AND AFFIDAVIT OF LOST OF DESTROYED WARRANT

STATE OF _____	Name _____
COUNTY OF _____	Social Security No. _____

Local Office No. _____

_____, whose mailing address is _____
 being first duly sworn, says that I am the claimant to whom Nevada Unemployment Insurance Benefit Warrant
 No. _____, dated _____, 20____ for week(s) ending
 _____ was issued for the sum of \$_____.

I request that the Employment Security Division place a Stop Payment on this warrant and issue a
 replacement warrant for the following reason:

Please issue a replacement warrant as soon as possible.

The original warrant is not, to my knowledge, held by any other person or persons.

**I understand that if I receive or locate the original warrant (No. _____), after
 requesting this stop payment, I must immediately notify Employment Security Division. My failure to do
 so may result in a fine or imprisonment.**

 Signature of Claimant

Subscribed and sworn to before me this _____
 day of _____, 20_____

(STAMP)

 Notary Public