



CIRCUIT COURT OF JACKSON COUNTY, MISSOURI

415 E. 12TH STREET
KANSAS CITY, MISSOURI 64106

MARY A. MARQUEZ
TRACY L. SMEDLEY
Court Administrator
Administrator/Jury Supervisor

Deputy Court

LOST CHECK VERIFICATION

1. My name is (please print) _____

2. I reside at (list address) _____

3. I served as a juror for the Jackson Court Circuit Court and:
(please check one)

____ failed to receive and/or cash the check issued;
____ lost the issued check (check # _____)

- I have been unable to locate the above check, made payable to me, after a diligent search.
- Through this notice I am requesting that a substitute check be issued to me.
- The Court Administrator is hereby authorized to use this notice for any purpose whatsoever in regards to said lost and/or substitute check.
- If I locate the missing check I will immediately advise the Court Administrator and/or Jury Supervisor and deliver the check to their office.

Claimant's Signature

FOR OFFICE USE ONLY

Date received _____	by _____
Check # _____	Amount _____
Replacement check # _____	Amount _____

Please fill out the attached form to replace a lost or stolen check. Return it to;

Jury Supervisor Office
Circuit Court of Jackson County
415 East 12th Street
Kansas City, Missouri 64106

Fax: 816.881.3669

E-mail: jackson.jury.kansascity@courts.mo.gov

If you have any questions, please contact us at 816.881.3602