

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK**

CJA ATTORNEY CLAIM OF MISSING OR STOLEN CHECK

Please complete all fields and click Submit.

Attorney Name

Attorney Email

Attorney Address

Case Number

Client Name

Voucher Number (*ex. 0207.12345667*)

Date Voucher Paid

Amount of Payment

Check Number if known

I have not received this check.

This check was cashed by someone other than me.

I have contacted U.S. Treasury about this check.

Date_____

Signature_____