



Handwriting Specimens Claim for Alleged Forgery of Payee(s) Warrant

Section 1 - Claimant Information *(This is the only section to be completed online before printing)*

Claimant _____ Date Prepared _____

Street Address _____

City, State, Zip Code _____

Section 2 - Handwriting

Sign Name	Sign Name
1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

Copy the following paragraph in your own cursive handwriting in the space below:

"Our London business is good, but Vienna and Berlin are quite quiet. Mr. D. Lloyd has gone to Switzerland and I hope for good news. He will be there for a week, at 1496 Zermont St., and then goes to Turin and Rome, and will join Col. Parry, and arrive at Athens, Greece, Nov.27th or Dec. 2nd. Letters there should be addressed: King James Blvd., 3580. We expect Chas. E. Fuller, Tuesday. Dr. L .McQuaid, and Robt. Unger, Esq. left on the 'Y.X.' Express tonight."

Note: Please use the hand "not" usually used when writing:

Print Your Name

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Sign Your Name

- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____

I have given this specimen of my handwriting of my own free will and accord. I have been promised nothing nor has any threat been made against me. I realize that this may be used in court against me in any prosecution that may arise out of this matter.

Signed _____

Date _____

Notice: Preparation of handwriting specimens **must be witnessed and attested to**. Claims will not be processed without same.

Witnessed By _____

Agency Official _____

Title _____

OR

Sworn to before me and subscribed by the said _____

In my presence this _____ Day of _____ 20 ____

Notary Public

Commission Expires

Note: This form should be submitted to the Issuing Agency not OBM

Questions?

**Office of Budget and Management (OBM)
Payment Issuance Unit
30 E. Broad St., 34th Floor
Columbus, OH 43215**

Please Contact Us:

**Phone : 1-614-644-7397
Email: OBM.PaymentIssuance@OBM.Ohio.Gov
Fax: 1-614-485-1011
Website: OBM.Ohio.Gov**