

**FIA-138, ACTION
TAKEN ON STATE
TREASURER'S
WARRANTS BY
LOCAL OFFICE
(FRONT)**

ACTION TAKEN ON STATE TREASURER'S WARRANTS BY LOCAL OFFICES
State of Michigan
Family Independence Agency

PART I - DESCRIPTION OF WARRANT

1. Bank/Warrant Number		2. Disp Code	
3. Warrant Date		4. Warrant Amount	
5. Payee Name			
6. Address on Warrant			

PART II - CASE IDENTIFICATION

7. Case Name					
8. Case Number					9. Date
10. Co.	District	Section	Unit	Worker	Program Information

PART III - WARRANT TYPE

11. (Check appropriate box(es))

<input type="checkbox"/> 1st Half	<input type="checkbox"/> Supplement
<input type="checkbox"/> 2nd Half	<input type="checkbox"/> Replacement
<input type="checkbox"/> Client	<input type="checkbox"/> Child Support Payment
<input type="checkbox"/> Vendor	<input type="checkbox"/> State SSI Payment

PART IV - REASON FOR ACTION

12. Client/Vendor Requests Rewrite
13. Warrant Received in Local Fiscal Unit

PART V - ACTION TO BE TAKEN BY LOCAL OFFICE (Do NOT send FIA-138 to Warrant Control)

14. <input type="checkbox"/> *Client Pick-Up - Client Must Sign Part VII.	17. <input type="checkbox"/> *Void Warrant and Return to Treasury _____
15. <input type="checkbox"/> *Remail to Address in Part VII.	
16. <input type="checkbox"/> *Release to Guardian, Protective Payee or Designated Representative: Name: _____ (Signature Required in Part VII)	18. <input type="checkbox"/> Replacement Warrant Requested Through CIS (FWAR) Warrant Mailed to Address in Part VII. Transaction Number: _____

PART VI - ACTION TO BE TAKEN BY CENTRAL OFFICE (Send FIA-138 to Warrant Control)

19. **Replacement Warrant Must be Rewritten by Central Office. Check Reason and Complete Part VII.

A <input type="checkbox"/> Warrant No Longer on IPYT	C <input type="checkbox"/> Mail to Temporary Address Not on CIS
B <input type="checkbox"/> Payable to Different Payee	D <input type="checkbox"/> Other _____

Transaction Number: _____

PART VII - MAILING REWRITE INFORMATION (PLEASE PRINT IN CAPITAL LETTERS)

20. First Payee Name (Last Name First)						
21. Supplementary Data or Client's Name (see instructions on reverse side)						
22. In Care of/Apt. No.						
23. Street Address						
24. City				25. State	26. Zip Code	27. Warrant Amount
28. Specialist's Signature			Date	29. Supervisor's Signature		Date
30. County Warrant Clerk's Signature			Date	31. Client's or 3rd Party's Signature		Date

FIA-138 (Rev. 10-98) Previous edition may be used.

Distribution:
PART 1 - Warrant Control, Central Office, ONLY IF PART VI COMPLETED
PART 2 - Case Record
PART 3 - Local Fiscal Unit

**FIA-138, ACTION
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WARRANTS BY
LOCAL OFFICE
(BACK)****SPECIALIST INSTRUCTIONS**

- A. A client or 3rd party requests rewrite of a credited or undeliverable warrant:
1. Make a CIS inquiry to identify the warrant and secure the bank/warrant number, warrant date, warrant amount, disposition code (if appropriate), warrant payee, warrant address and warrant type.
 2. Complete Items 1 thru 12.
 3. Determine the action to be taken and indicate by checking box 18 or 19.
 4. If box 18 is checked (replacement via FWAR transaction):
 - Complete Part VII as appropriate.
NOTE: If the rewrite is to be issued to a vendor/provider then print the word "FOR" and the client's name on line 21. Carry over the actual address to Items 22 and/or 23.
NOTE: If the rewrite is to be sent to an in care of address or if the address includes an apartment number, room number, etc., enter that information in Item 22 and carry over the actual street address to Item 23.
 - Sign and date in Item 28.
 - Complete the FWAR transaction on CIS; or forward the FIA-138 to the CIS clerk for completion of the FWAR transaction.
 - After the FWAR transaction is completed, file the case record copy, forward the local fiscal unit copy and discard the Central Office copy.
 5. If box 19 is checked (Central Office rewrite):
 - Indicate under Item 19, as appropriate, the reason for Central Office rewrite.
 - Complete Part VII as appropriate. Refer to the "NOTES" under A-4 above.
 - Sign and date in Item 28 and, if required, secure supervisor's signature and date in Item 29.
 - Send the Central Office copy to the Warrant Control Unit, Central Office, file the case record copy and forward the local fiscal unit copy.
- B. FIA-138 received from local fiscal unit indicating warrant is returned to the local office.
1. Determine the action to be taken and indicate by checking boxes 14, 15, 16, 17, 18 or 19.
 2. If box 14 is checked (Client pick-up):
 - Sign and date Item 28 and, if required, secure supervisor's signature and date in Item 29.
 - Return all copies to the local fiscal unit.
 - File case record copy after completion by the local fiscal unit.
 3. If box 15 is checked (Remail Warrant):
 - Complete Part VII as appropriate. Refer to the "NOTES" under A-4 above.
 - Proceed as in B-2 above.
 4. If box 16 is checked (Release to Guardian, Protective Payee or Designated Representative):
 - Obtain client or 3rd party's signature in box 31.
 - Proceed as in B-2 above.
 5. If box 17 is checked (Void Warrant):
 - Enter reason for void under Item 17.
 - Proceed as in B-2 above.
 6. If box 17 and box 18 or 19 is checked (Void and Rewrite):
 - Enter reason for void and rewrite under Item 17.
 - Complete Part VII as appropriate. Refer to the "NOTES" under A-4 above.
 - Proceed as in B-2 above.

The FIA-138 is used to request replacement of a reimbursement or refund that has been credited. Complete the form as instructed on the back. In addition, in Item 11 next to "Supplement" enter the warrant reason code that identifies the type of warrant that is being replaced.