

## CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the claimant is the owner of the said claim and the person entitled to receive the money set forth in said claim.

The claimant agrees to indemnify and hold harmless the state, the courts and their agents, officers, and employees from any loss resulting from the payment of said claims.

### ***CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED***

Claimant's Information:

LAST NAME OR BUSINESS Name	FIRST NAME	MIDDLE INIT.	SSN or FEDERAL TAX ID	DATE
CURRENT MAILING ADDRESS	CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			AMOUNT OF CLAIM

### **YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER**

*For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.*

State of California

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (Seal)

### **PRIVACY NOTIFICATION**

Your Social Security number and other documents are requested for identification and processing of your claim.



## CLAIM FOR MONEY HELD

MAIL TO:

Superior Court of California, County of Humboldt  
825 Fifth Street  
Attn: Fiscal  
Eureka, CA 95501

DATE SUBMITTED: \_\_\_\_\_

OWNER'S NAME (AS HELD BY COURT): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

AMOUNT OF CLAIM: \$ \_\_\_\_\_

CLAIMANT'S NAME (SHOULD MATCH CLAIM AFFIRMATION): \_\_\_\_\_

RELATIONSHIP TO OWNER: \_\_\_\_\_

REASON FOR CLAIM: \_\_\_\_\_

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### A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMED.

#### AFFIRMATION AND SIGNATURE (by claimant)

I hereby affirm, under penalty of perjury, that I am duly authorized to make said claim upon the Superior Court of California, County of Humboldt. I hereby agree to indemnify and hold harmless the state, the courts, and their officers and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### COURT'S USE ONLY

☐ Approved, Paid to Claimant Shown Above

☐ Denied, Not an Authorized Claim

Date: \_\_\_\_\_

By: \_\_\_\_\_

