

Superior Court of California, County of San Joaquin Stockton Branch, Accounting Department 180 E Weber Ave, 13th Floor Stockton, CA 95202

CLAIM FOR MONEY HELD

Date Submitted		
Owner's Name (As He	eld By Court):	
Owner's Address:		
Phone Number:		
Amount of Claim: \$_		
Claimant's Name (Sho	ould Match Claim Affirmation):	
Relationship to Owner	r:	
Reason for Claim:		
A SEPARATE FORM	I IS REQUIRED FOR EACH ACC	COUNT CLAIMED
AFFIRMATION AND	SIGNATURE (by claimant)	
Superior Court of Cali harmless the State, the	fornia, County of San Joaquin. I he	from any loss, including attorney's
Signature:	Date	:
COURT'S USE ONLY	Y	
Approved, Paid to	Claimant Shown Above	
Danied Not an A	uthorized Claim	