



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 Held By Court): _____

Owner's Address: _____

Phone Number: _____

Amount of Claim: \$ _____

Claimant's Name (Should Match Claim Affirmation): _____

Relationship to Owner: _____

Reason for Claim: _____

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 San Joaquin. I hereby agree to indemnify and hold harmless the State, the Courts, its 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