



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

UNCLAIMED FUNDS INSTRUCTIONS and FORMS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached forms (Claim Affirmation Form and Claim For Money Held).

When completing the claim forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the Court's forms. Any modifications made to the Court's forms will not be accepted.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claim Affirmation Form and Claim For Reimbursement.

STEP 4: Please send the completed forms along with all the required materials to:

Superior Court of California, County of San Joaquin
Accounting Department
180 E. Weber Ave., Suite 1301L
Stockton, California 95202

For additional questions, please call (209) 992-5257.



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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 INITIAL:	
SSN or FEDERAL TAX ID DATE:	
CURRENT MAILING ADDRESS:	
DAYTIME PHONE:	
CLAIMANT OR AUTHORIZED AGENT SIGNATURE	

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.



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CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of San Joaquin, Accounting Department, 180 E. Weber Ave., Suite 1301L, Stockton, CA 95202

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:

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, 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 ____

Denied, Not an Authorized Claim ____

Date _____

By _____