



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

AFFIRMATION FORM – For Funds at the Superior Court

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: This is not for funds held at the State Controller's Office

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.

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.

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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.