



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

For Funds at the Superior Court

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

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.

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.

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 _____