



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TUOLUMNE**
12855 Justice Center Drive
Sonora, CA 95370

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, that the claimant has read the claim, knows the contents thereof, and that the claimant is the owner of the claim and the person entitled to receive the money set forth in the claim.

The claimant agrees to indemnify and hold harmless the state, the courts, their agents, officers, and employees from any loss resulting from the payment of said claim(s).

***CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR
EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED***

Claimant's Information:

Last Name	First Name	Middle Initial	SSN or Federal Tax	Date
Current Mailing Address			City, State & Zip	
Daytime Phone/Cell No.			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 to be the person who appeared before me.

Signature _____ (Seal)

PRIVACY NOTIFICATION

Your social security number and any other documents are requested only for identification and the processing of your claim.