



CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Tuolumne, 12855 Justice Center Drive, Sonora, CA 95370 ATTN: Fiscal Services

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 Tuolumne. 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, Paid to Claimant
- Denied, Not an Authorized Claim

Date: _____

By: _____