



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO

CLAIM FOR MONEY HELD FORM

Date: _____

Owner's Name (as issued on original check): _____

Issuance Date (s): _____

Amount of Total Claim: _____

Claimant's Name*: _____

*Must match the name on Claim Affirmation Form.

Relationship of Claimant to Owner: _____

Reason for Claim (e.g., never received check, lost check): _____

Claim Type (please check one of the boxes):

- Reissue to same name and address on original check
- Reissue to same name but different address than on original check
- Other (e.g., deceased owner claim)

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 Mateo. I hereby agree to indemnify and hold harmless the State, the Court, its officers and employees from any loss, including attorney fees, incurred as a result of payment of the amount claimed. I agree to submit to the Court's jurisdiction and I agree to participate in any litigation or dispute resolution process regarding any dispute from this claim.

Signature: _____ Date: _____

COURT'S USE ONLY

- Approved, Paid to Claimant Shown Above Date: _____
- Denied, Reason: _____ By: _____



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO

CLAIM AFFIRMATION FORM

Under penalty of perjury, the undersigned 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 Court and its agents, officers, and employees from any loss resulting from the payment of said claims.

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED OR YOUR CLAIM WILL NOT BE PROCESSED

Claimant's Information:

First Name: _____ Middle Name or Initial: _____

Last Name: _____

Name of Business: _____

Current mailing address: _____

City: _____ State / Province: _____ Zip Code: _____

Country: _____

Daytime Phone: _____ Email address: _____

Date: _____

Claimant or Authorized Agent Signature: _____