

Please read the Unclaimed Funds Instructions before completing this form.

Superior Court of California, County of Mendocino

CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Mendocino
100 North State Street, Room 302
Ukiah, CA 95482

Date: _____ Amount of Claim: \$ _____

Owners Name (as held by the court): _____

Street Address: _____

City, State, Zip Code: _____

Claimant's name (should match Claim Affirmation Form): _____

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 Mendocino. I hereby agree to indemnify and hold harmless the State, the Courts, its 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 shown above

☐ Denied, not an Authorized Claim

Date: _____

By: _____

See instructions for list of required documents.