

**CLAIM FOR MONEY HELD**

**MAIL TO:** Superior Court of California, County of Solano  
Attention: Fiscal Department (Escheatment)  
600 Union Avenue  
Fairfield, CA 94533

**DATE SUBMITTED:** \_\_\_\_\_

<b>MONEY HELD INFORMATION:</b>		
OWNER'S NAME (AS HELD BY COURT): _____		
LAST KNOWN ADDRESS: _____		
CHECK NO.: _____	CHECK/ISSUE DATE: _____	AMOUNT: _____

<b>CLAIMANT'S INFORMATION:</b>	
CLAIMANT'S NAME (Should match claim affirmation): _____	
STREET ADDRESS: _____	
CITY, STATE, ZIP CODE: _____	
DRIVER'S LICENSE NUMBER: _____	
AMOUNT OF CLAIM:	\$ _____
RELATIONSHIP TO OWNER: _____	

***A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMED***

**AFFIRMATION AND SIGNATURE (by claimant)**

I hereby affirm, under penalty of perjury, that I am the rightful payee of the unclaimed monies, and that I am duly authorized to make said claim upon the Superior Court of California, County of Solano. I hereby agree to indemnify and hold harmless the State, the Courts, its officer and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>COURT'S USE ONLY</b>	
_____	Approved; Pay to Claimant Shown Above
_____	Denied; Not an Authorized Claim
Recommended by: _____	Date: _____