



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO

Form CLAF-4801 4/25

CLAIM AFFIDAVIT FORM

OWNER'S NAME (AS HELD BY COURT) LAST KNOWN ADDRESS CHECK NUMBER CHECK ISSUE DATE AMOUNT OF MONEY HELD

The undersigned claimant certifies under penalty of perjury that the claimant is the rightful owner and payee of the unclaimed money held by the Superior Court of California, County of Solano ("Court") and the person entitled to receive the money set forth in this affidavit, and that the claimant is duly authorized to make claim upon the Court.

The claimant agrees to indemnify and hold harmless the State, the Court, and its agents, officers, and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

CURRENT INFORMATION AND SIGNATURES MUST BE PROVIDED FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED.

CLAIMANT'S INFORMATION:

PAYEE NAME OR BUSINESS NAME		RELATIONSHIP TO OWNER		DRIVER'S LICENSE NUMBER		SSN OR FEDERAL TAX ID	
CURRENT MAILING ADDRESS		CITY		STATE		ZIP	
COUNTRY		E-MAIL ADDRESS & PHONE NUMBER		CLAIM AMOUNT		CLAIMANT OR AUTHORIZED AGENT SIGNATURE (Blue ink only please) *	
DATE							

*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.

YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER

NOTARY ACKNOWLEDGEMENT:

State of California
County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

PRIVACY NOTIFICATION

Your Social Security number and other documents are requested for identification and processing of your claim only.

COURT'S USE ONLY

____ Approved; Pay to claimant Reviewed and recommended by: _____
____ Denied; Not an authorized claim Date: _____