

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the 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 Courts, and its agents, officers, and employees from any loss resulting from the payment of said claims.

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

CLAIMANT'S INFORMATION:

| | | | | |
|----------------------------|--|----------------|-----------------------|---------|
| LAST NAME OR BUSINESS NAME | FIRST NAME | MIDDLE INITIAL | SSN OR FEDERAL TAX ID | |
| CURRENT MAILING ADDRESS | CITY | STATE/PROVINCE | ZIP | COUNTRY |
| DAYTIME PHONE | CLAIMANT OR AUTHORIZED AGENT SIGNATURE | | | DATE |

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

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.

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.