



**Superior Court of California  
County of Contra Costa**

Financial Services  
P.O. Box 1509  
Martinez, CA 94553

**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 SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED.***

Claimant's Information:

Last Name or Business	First Name, Middle Initial	Date
Current Mailing Address	City, State, Zip	Phone Number
SSN or Federal Tax ID	Claimant or Authorized Agent Signature	

**FOR CLAIMS EQUAL TO OR GREATER THAN \$1,000.00**

**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.

