



**Superior Court of California, County of Contra Costa
P.O. Box 1509
Martinez, CA 94553**

CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Contra Costa
Attention: Escheatment Desk
P. O. Box 1509
Martinez, CA 94553

TODAY'S DATE: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

AMOUNT OF CLAIM: \$ _____

REASON FOR CLAIM (e.g., deposited funds, funds payable by court order, etc.):

NAME OF THE PERSON FILLING OUT THIS FORM AND YOUR RELATIONSHIP TO THE 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 duly authorized to make said upon the Superior Court of California, County of Contra Costa. I hereby agree to indemnify and hold harmless the State the Courts and their officers and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

Signature: _____ Date: _____

