SUPERIOR COURT OF CALIFORNIA

COUNTY OF TULARE

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

LAST NAME OR BUSINESS	FIRST NAME	MIDDLE INIT.	SSN OR FEIN	DATE

CURRENT MAILING ADDRESS	CITY	STATE/PROVINCE	ZIP	COUNTRY

DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE

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 Tulare

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.