SUPERIOR COURT OF CALIFORNIA

COUNTY OF TULARE

CLAIM FOR MONEY HELD

MAIL TO: **Superior Court of California, County of Tulare**
Attn: Finance
221 South Mooney Blvd., Room 106
Visalia, CA 93291

Date: _____ CASE NUMBER: _____

Owner's Name (As held by Court): _____

Street Address: _____

City, State, ZIP Code: _____

Amount of Claim: _____

Claimant's Name (Should Match Claim Affirmation): _____

Relationship to Owner: _____

Reason for claim: _____

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 claim upon the Superior Court of California, County of Tulare. 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: _____

COURT'S USE ONLY

☐ *Approved – Pay to Claimant Shown Above* *Date:* _____

☐ *Denied, Not an Authorized Claim* *By:* _____