

**Superior Court of California
County of Ventura**

CLAIM FOR MONEY HELD

**MAIL TO: Superior Court of California, County of Ventura
Attention: Fiscal Services
P.O.Box 6489
Ventura, CA 93006-6489**

DATE SUBMITTED: _____

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 Ventura. 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, Paid to Claimant Shown Above

____ Denied, Not an Authorized Claim

Date: _____

By: _____