



Superior Court of California County of Orange

ALAN CARLSON
CHIEF EXECUTIVE OFFICER
CLERK OF THE SUPERIOR COURT
JURY COMMISSIONER

CENTRAL JUSTICE CENTER
700 CIVIC CENTER DR WEST
SANTA ANA, CA 92702
(657) 622-7792

CLAIM FOR OWNERSHIP OF FUNDS

CLAIMANT INFORMATION

Lawful Owner Name: _____
Claimant Name (if different) _____
Relationship to Lawful Owner: _____
Current Address: _____
STREET ADDRESS CITY STATE ZIP CODE
Telephone () _____ E-mail _____

CLAIM INFORMATION

Ownership of Funds Amount: \$ _____
(If greater than \$50.00, this form must be notarized)
Case Number: _____
Reason for claimed ownership of funds: _____

AFFIRMATION AND SIGNATURE

I hereby affirm, under penalty of perjury, that I am an authorized agent of the holder named in this Claim for Ownership of Funds and duly authorized to make said claim upon Superior Court of California, County of Orange. The above-named holder hereby agrees to indemnify and hold harmless the State, the Courts, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: _____ Date: _____

MAIL TO: Superior Court of California, County of Orange
Attn: Fiscal Services
P.O. Box 299
Santa Ana, CA 92702-9998