Un-Cashed Juror Checks

Deadline to submit all claims is December 11, 2020.

Required documentation to file a claim:

- 1. Completed Request for Duplicate Check/Stop Payment Form
- 2. Copy of a valid driver's license
- 3. The List number or Check number for the amount you are requesting
 - a. Each List number or Check number will require a separate form

Claim Form Instructions:

- 1. Print out the Request for Duplicate Check/Stop Payment form
- 2. Complete the following sections in the center of the form:
 - a. (1.) Print your full name as indicated on the list
 - b. (2.) Print your full mailing address
 - i. Street number
 - ii. Street name
 - iii. City
 - iv. State
 - v. Zip Code
 - c. (3.) Enter the check date as indicated on the list
 - d. (4.) Sign your full name as listed in (1.)
 - e. (5.) Provide a daytime telephone number

Where to submit your documentation:

Submit your completed form, copy of your valid driver's license and your List or Check number to:

Via Mail:

Orange County Superior Court Attention: Accounting Services 700 Civic Center Drive West Santa Ana, CA 92701

Via Email:

Email Address: AccountingServices@occourts.org

Subject Line: Claim for Juror Check

REQUEST FOR DUPLICATE CHECK/STOP PAYMENT (REV. 07-2014) (Page 1)

	COURT USE	
DATE REQUESTED	COURT CONTACT	CONTACT PHONE NUMBER
REQUESTING COURT	DOCUMENT NUMBER	CHECK NUMBER
PAYEE NAME (Exactly as it appears on check)	DATE ISSUED (MM/DD/YYYY)	CHECK AMOUNT
REASON FOR ACTION	ACTION REQUESTED (Check all that apply)	PHOENIX USE ONLY
	Void Check Stop Paymen	EFFECTIVE VOID/STOP DATE
	Re-Issue Check	CHECK REVERSAL NUMBER
	Reverse Document	DOCUMENT REVERSAL NUMBER
	Other	_
IMI	PAYEE USE PORTANT! SEE INSTRUCTIONS (on next p	page)
mailing address		
Street	City	State Zip Code
certify or declare: That the Superior Courts of California check des	cribed above was $oxtimes$ never received; $oxtimes$	lost/destroyed; stolen
on or about, under t	the following circumstances:	
Claiming un-cashed check for my partic	cipation as a Juror.	
I declare that I am the owner or custodian of said thereof; or the corporation, partnership, or gove not cashed or transferred the check, and is entit	ernmental agency in whose behalf I make the led to possession thereof.	nis application, is the owner or custodian, ha
(if a corporation is owner or custodian) The decl	arant is an officer, to wit	 Title
	, a corpo	
Name of Corporation application and enter into the indemnity agreer Application is made to the Superior Courts of Ca partnership or corporation in whose behalf he a Superior Courts of California, its officers and em	alifornia to issue a duplicate check in lieu of pplies, agrees to indemnify and hold harm	said original check, and declarant, or ess the Judicial Council of California,
I/We certify (or declare) under penalty of p	perjury that the foregoing is true and	d correct.
SIGNATURE OF DECLARANT(S)		
1.	DATE SIG	NED
2. TITLE (If signing for Corporation, Partnership, or Governmental Agency)	DATE SIG	NED
יייבב עו אישוויויש וטר בטויףטוטנוטיו, רערנוופואווף, or Governmental Agency)		
CORPORATION, PARTNERSHIP, OR GOVERNMENTAL AGENCY NAME ((If applicable)	
DAYTIME TELEPHONE NUMBER (Include Area Code)		