



Superior Court of California
County of Mariposa
5088 Bullion Street
Post Office Box 316
Mariposa, CA 95338

CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Mariposa, Administration Department, Post Office Box 316, Mariposa, CA 95338.

DATE SUBMITTED:

OWNER'S NAME (AS HELD BY COURT):

STREET ADDRESS:

CITY, STATE, ZIP CODE:

AMOUNT OF CLAIM: \$

CLAIMANT'S NAME (MUST MATCH AFFIRMATION FORM):

RELATIONSHIP TO OWNER:

REASON FOR CLAIM:

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMS.

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 Mariposa. 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
____ Denied, Not an Authorized Claim

By: _____ Date: _____