



## Unclaimed Funds Form–Action Required to Claim Funds

### Superior Court of California County of Riverside

#### ESCHEATMENT CLAIM INSTRUCTIONS and FORMS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached forms (**Claim Affirmation Form** and **Claim for Money Held**). When completing the claim forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all of the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claim Affirmation Form and Claim for Money Held.

STEP 4: Please send the completed forms along with all the required materials to:

Superior Court of California, County of Riverside  
Attn: Fiscal Services Division (2017 Victim Restitution Escheatment)  
P. O. Box 1547  
Riverside, CA 92502



## **SECTION A—ORIGINAL OWNER FILING CLAIM**

The following is a checklist of the documentation required when sending in your claim:

- Completed and signed Claim of Affirmation Form;
- Notarized Claim of Affirmation Form if claim is over \$1,000;
- Completed and signed Claim for Money Held, excluding “Court’s Use Only” box;
- Copy of current photo identification for each claimant;
- Proof of Social Security number for each claimant;
- Proof associating you with the last known address;
- Proof associating you to the Court and the reported case; and
- The original instrument used such as a receipt, copy of check, etc.

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## **SECTION B—DECEASED OWNER**

The following is a checklist of the documentation required when sending in your claim:

- Completed and signed Claim Affirmation Form;
- Notarized Claim Affirmation Form if claim is over \$1,000;
- Completed and signed Claim for Money Held, excluding “Court’s Use Only” box;
- Death certificate of the deceased owner(s) of the funds;
- Copy of current photo identification for each heir;
- Proof of Social Security number for each heir;
- Proof associating the deceased owner to the Court and the reported case;
- The original instrument used such as a receipt, copy of check, etc.;
- Proof associating the deceased owner with the last known address; and
- If probate of estate is open, the estate tax identification number and a copy of Currently Certified Letters Testamentary, dated within 6 months, appointing the executor or administrator of decedent's estate.

**OR**

If probate of the estate is closed, provide the estate tax identification number and a complete copy of the Court Ordered Distribution of the decedent's estate.

**OR**

Provide a complete copy of the Trust Agreement and a copy of a document with the trust tax identification number, such as a tax return or a bank statement.



## **SECTION C–BUSINESS CLAIM**

The following is a checklist of the documentation required when sending in your claim:

- Completed and signed Claim of Affirmation Form;
- Notarized Claim of Affirmation Form if claim is over \$1,000;
- Completed and signed Claim for Money Held, excluding “Court’s Use Only” box;
- Proof associating the business with the Court and the reported case;
- The original instrument used such as a receipt, copy of check, etc.;
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- Copy of current photo identification for each authorized officer or official;
- Business card of the authorized officer or official;
- Proof of the business's federal tax identification number;
- Proof of the business's association with the last known address;
- If your company merged with another company, a copy of the merger agreement;
- If your company was dissolved, a copy of the articles of dissolution;
- If your company was suspended, a Tax Clearance letter or a Letter of Good Standing from the Franchise Tax Board and/or the Secretary of State's Office.



## CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, that they have read the claim and know the contents thereof and that they are the owner of said claim and the person entitled to receive the money set forth in said claim.

The claimant agrees to indemnify and hold harmless the State, the Court and its agents, officers, and employees from any loss resulting from the payment of said claims.

***CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED  
FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED***

Claimant's Information:

LAST NAME OR BUSINESS	FIRST NAME	MI	SSN or FEDERAL TAX ID	DATE
CURRENT MAILING ADDRESS	CITY	STATE/ PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	<b>CLAIMANT OR AUTHORIZED AGENT SIGNATURE</b>			

**YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER**  
*For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.*

State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of  
satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (Seal)

### PRIVACY NOTIFICATION

Your Social Security number and other documents are requested for identification and processing of your claim only.



## CLAIM FOR MONEY HELD

Mail to: Superior Court of California, County of Riverside  
Attn: Fiscal Services Division (2017 Victim Restitution Escheatment)  
P. O. Box 1547  
Riverside, CA 92502

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 Riverside. I hereby agree to indemnify and hold harmless the State, the Courts, its officers and employees from any loss, including attorneys' 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: \_\_\_\_\_