

**Superior Court of California
County of Ventura**

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the claimant is the owner of the 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 courts and their 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: _____ First Name: _____ Middle Init: ____

SSN: _____ Date: _____

Current Mailing Address: _____ City: _____

State: _____ ZIP: _____ Country: _____

Daytime Phone: _____ Signature: _____

For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

PRIVACY NOTIFICATION

Your Social Security number and a copy of your Driver's License is requested for identification and processing of your claim.