



SUPERIOR COURT OF CALIFORNIA COUNTY OF LAKE

Finance Department
255 N. Forbes Street
Lakeport, CA 95453

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 its agents, officers, and employees from any loss resulting from the payment of said claim.

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

Claimant's Information:

Last Name or Business Name	First Name	Middle Initial	SSN or Federal Tax ID	Date	
Current Mailing Address		City	State/Province	Zip	Country
Daytime Phone		CLAIMANT OR AUTHORIZED AGENT SIGNATURE			

FOR CLAIMS EQUAL TO OR GREATER THAN \$1,000.00

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.