



## Unclaimed Funds Forms—Action Required to Claim Funds

Superior Court of California,  
County of San Bernardino

### UNCLAIMED FUNDS 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 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 Reimbursement.

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

Superior Court of California, County of San Bernardino  
Financial Services  
Box 15010  
San Bernardino, CA 92415-5010

**OR**

Email a scanned copy of the completed forms along with all the required materials to [unclaimedfunds@sb-court.org](mailto:unclaimedfunds@sb-court.org).

For additional questions or to request a copy of the forms by mail, please email [unclaimedfunds@sb-court.org](mailto:unclaimedfunds@sb-court.org).

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## CHECKLIST FOR FILING A CLAIM

### OWNER FILING CLAIM

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

- Completed and signed Claim of Affirmation Form;
  - Notarize your Claim of Affirmation Form, if your claim is over \$1,000;
  - Completed and signed Claim for Money Held Form;
  - Copy of current photo identification for each claimant;
  - Proof of Social Security number for each claimant;
  - Proof associating you with the last known address; and
  - Completed copy of Payee Data Record for Interest form if claiming interest.
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### DECEASED OWNER

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

- Completed and signed Claim Affirmation Form;
- Notarize your Claim Affirmation Form, if your claim is over \$1,000;
- Completed and signed Claim for Money Held Form;
- 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;
- Completed copy of Payee Data Record for Interest form if claiming interest;
- 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. **OR**

If none of the above information can be obtained, please contact the court at [unclaimedfunds@sb-court.org](mailto:unclaimedfunds@sb-court.org)

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## **BUSINESS CLAIM**

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

- Completed and signed Claim of Affirmation Form;
  - Notarize your Claim of Affirmation Form, if your claim is over \$1,000;
  - Completed and signed Claim for Money Held Form;
  - 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;
  - Completed copy of Payee Data Record for Interest form if claiming interest (not required for corporations);
  - Proof of the business's federal tax identification number; and
  - 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.
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### 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 OR BUSINESS		FIRST NAME			MIDDLE INT.
SSN OR FEDERAL TAX ID	DAYTIME PHONE		EMAIL ADDRESS		
CURRENT MAILING ADDRESS	CITY	STATE/ PROVINCE	ZIP	COUNTRY	
CLAIMANT OR AUTHORIZED AGENT SIGNATURE				DATE	

**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.



**CLAIM FOR MONEY HELD**

**MAIL TO:** Superior Court of California, County of San Bernardino  
Financial Services  
Box 15010  
San Bernardino, CA 92415-5010

**DATE SUBMITTED:** \_\_\_\_\_

**OWNER'S NAME (AS HELD BY COURT):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP CODE:** \_\_\_\_\_

**CASE#:** \_\_\_\_\_ **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 San Bernardino. 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, Paid to Claimant Shown Above

Denied, Not an Authorized Claim

Date: \_\_\_\_\_

By: \_\_\_\_\_

**PAYEE DATA RECORD FOR INTEREST (in lieu of IRS W-9)**

Required in lieu of IRS W-9 form when receiving interest payments from  
the Judicial Council of California (JCC) on behalf of the Superior Courts of California

<b>1 Instructions</b>	<p>See page two for additional instructional information and Privacy Statement. Complete all information on this form, sign, date, and return the form. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used to prepare Information Returns (1099-INT). If this form was provided to you by one of the Superior Courts of California, return the form to the court. If this form was provided to you by the Judicial Council of California, submit the completed form to <a href="mailto:TrustRequests@jud.ca.gov">TrustRequests@jud.ca.gov</a> or mail the form to the following address:</p> <p align="center">Judicial Council of California Trial Court Administrative Services - Trust Unit P.O. Box 981268 West Sacramento, CA 95798</p>
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**SECTIONS 2 THRU 5 TO BE COMPLETED BY PAYEE OR AUTHORIZED REPRESENTATIVE**

<b>2 Legal Name</b>	PAYEE'S LEGAL NAME - AS SHOWN ON FEDERAL INCOME TAX RETURN			
	PAYEE'S MAILING ADDRESS			
	CITY	STATE	ZIP CODE	E-MAIL ADDRESS
	TELEPHONE NUMBER		FACSIMILE NUMBER	

<b>3 Payee Entity Type</b>	PARTNERSHIP	CORPORATION	EXEMPT (NON-PROFIT)
	LIMITED LIABILITY COMPANY	GOVERNMENT	ESTATE OR TRUST
	<b>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)</b> _ _ - _ _ _ _ _ _ _ _		
NOTE A taxpayer identification number is required	INDIVIDUAL/SOLE PROPRIETOR <b>ENTER SOCIAL SECURITY NUMBER (SSN)</b> _ _ - _ - _ _ _ _ _ _		
	<i>If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN; however, the IRS prefers that you use your SSN.</i>		

<b>4 Prior Payments to Payee</b>	Has Payee been the recipient of any prior interest payments from the Superior Courts of California within the last calendar year?  Yes                      No
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<b>5 Certification</b>	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person, as defined by the IRS.  <b>I hereby certify under the penalty of perjury that the information provided on this document is true and correct. Should my information change, I will promptly notify the JCC at the address listed in Section 1.</b>
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<b>Contact Information and signature</b>	PAYEE OR AUTHORIZED REPRESENTATIVE'S NAME (Type or Print)	TITLE	TELEPHONE
	PAYEE OR AUTHORIZED REPRESENTATIVE'S SIGNATURE	DATE	EMAIL ADDRESS

**Requirement to Complete Payee Data Record**

*A completed Payee Data Record (in lieu of the IRS W-9) is required for payments and will be kept on file at the Judicial Council of California, Trial Court Administrative Services Office. Since each state agency with which you do business must have a separate Payee Data Record on file, it is possible for a payee to receive a similar form from various state agencies.*

**SECTIONS 2 THRU 4 TO BE FILLED OUT BY PAYEE OR AUTHORIZED REPRESENTATIVE**

<b>2</b>	<p>Enter the payee's legal name. Sole proprietorships must also include the owner's full name.</p> <p>An individual must list his/her legal name as it appears on his/her Federal Income tax return. If a different name is used, that name should also be entered, beneath the legal name.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The phone number, e-mail address, and facsimile number should also be provided.</p>
<b>3</b>	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals is their Social Security Number (SSN). A sole proprietor may have both a Federal Employer Identification Number (FEIN) and a SSN, the IRS prefers that sole proprietors use their SSN. Only partnerships, estates, trusts, and corporations will enter their FEIN.</p>
<b>5</b>	<p><u>This form must be signed.</u> Provide the name, title, e-mail, and telephone number of the individual completing this form. Also, provide the date the form was completed.</p> <p><u>Certification Instructions:</u> You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are not a U.S. Citizen or U.S. person, as defined by the Internal Revenue Service, a different form may be required and tax withholdings may apply. See IRS website <a href="http://www.irs.gov/businesses/international/index.html">http://www.irs.gov/businesses/international/index.html</a> for additional information.</p>

**SECTION 6 TO BE FILLED OUT BY COURT**

**Privacy Statement:** Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes non-compliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise the right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.