



SUPERIOR COURT OF CALIFORNIA COUNTY OF STANISLAUS

Hugh K Swift
Executive Officer
Jury Commissioner

800 - 11th Street
Modesto, California 95354
Telephone (209) 530-3111
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www.stanct.org

I certify that I am _____
(Last Name) (First Name) (Middle Initial)

The following information is provided to assist in the validation of my claim of monies:
(A copy of your Picture identification is required by the court to be attached to this form)

Publicized Check or Case Number _____

Amount of Claim _____

Defendant's Name _____

Driver's License Number _____

Social Security Number _____

Date of Birth _____

Current Daytime Telephone Number _____

Current Physical and Mailing Addresses:

Street Address _____

P.O. Box (if any) _____

City _____ State _____ Zip Code _____

Grounds for which this Claim is founded _____

YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1000 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.

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

Signature _____ (Seal)

FOR COURT USE ONLY:

Check No.	Trust Location:	Amt:	Verified by:	Comments/Action: