SUPERIOR COURT OF CALIFORNIA
COUNTY OF STANISLAUS

Hugh K Swift
Executive Officer
Jury Commissioner

800 - 11th Street
Modesto, California 95354
Telephone (209) 530-3111
Fax (209) 236-7797
www.stanct.org

The following information is provided to assist in the validation of your claim of monies.
(*A copy of your picture identification is required to be attached to this form)*

Full Name (Last, First, Middle) _____

Publicized Check or Case Number _____

Amount of Claim _____

Driver's License Number _____

Social Security Number _____

Date of Birth _____

Current Daytime Telephone Number _____

Association with the Case _____

Current Mailing Addresses:

Street Address _____

P.O. Box (if any) _____

City_____ State_____ Zip Code_____

Claimants Signature _____

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: