



## Superior Court of California County of Imperial

Executive Office of the Court  
1625 West Main Street ♦ El Centro, CA 92243  
Telephone 760-336-3500 ♦ Fax 760-336-3597  
Accounting: 760-336-3515

Maria Rhinehart  
*Interim Court Executive Officer/Jury Commissioner*

### **Request For Unclaimed Funds Instructions**

On an annual basis, the official notice of unclaimed monies held by the Superior Court of California, County of Imperial, is published in the Imperial Valley Press. Once published, these unclaimed funds will be held in trust by the court until April 19, 2017 and permanently escheated on June 1, 2017.

1. To claim these funds prior to escheatment, please complete the claim form and attach the required documentation. Accepted documentation to include: original court receipt, cancelled check, money order receipt, credit card payment record, etc.
2. Alternative documentation that justifies the validity of the claim.
3. Submit a copy of driver's license or state issued picture identification.
4. The form may be completed in blue or black ink and must include the *claimant's original signature*.
5. Completed claim forms along with the required documentation may be mailed to:

**Superior Court of California, County of Imperial  
Attn: Accounting  
1625 West Main Street  
El Centro, California 92243**

If you have additional questions, you may contact the Accounting Department at (760)336-3515

Superior Court of California  
County of Imperial

**Request for Unclaimed Funds Claim Form**  
All claims must be received no later than April 19, 2017

**NAME AND ADDRESS OF CLAIMANT**

The following information is provided to assist in the validation of your claim to monies held in trust by the Superior Court of California. **YOU WILL BE REQUIRED TO ATTACH A VALID PICTURE IDENTIFICATION.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Drivers License: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Street Address City State Zip Code  
Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

I am claiming the funds as published in the Imperial Valley Press Notice.

Case number: \_\_\_\_\_ Name: \_\_\_\_\_ Dollar Amount \_\_\_\_\_  
Grounds upon which the claim is based: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAILING ADDRESSES USED DURING THE TIME OF CASE MUST BE PROVIDED**

ADDRESS 1: \_\_\_\_\_  
Street City State Zip Code  
ADDRESS 2: \_\_\_\_\_  
Street City State Zip Code  
ADDRESS 3: \_\_\_\_\_  
Street City State Zip Code

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I am the owner of this claim, and am the person entitled to the money and property set forth in this claim. Claim will not be processed without signature.

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

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Approved / Denied \_\_\_\_\_ Date: \_\_\_\_\_