



Superior Court of California County of Imperial

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

Maria Rhinehart
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 28, 2021 and permanently escheated on June 4, 2021.

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
939 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 28, 2021

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: _____ Driver's 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:

Reviewed by: _____ Date Received: _____

Approved / Denied _____ Date: _____