

Do Not Fax

**Cuyahoga County Adult Probation Department
Attn: Adult Restitution/Unclaimed Funds
Justice Center, 7th Floor
1200 Ontario Street
Cleveland, Ohio 44113**

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The undersigned makes claim to Unclaimed Funds now in the custody of the Cuyahoga County Adult Probation Department in the amount and kind as specified below, pursuant to Chapter 2335.34 of the Ohio Revised Code.

THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM. FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM.

Amount of Unclaimed Funds \$		Case Number: CR-	
Owner of the Funds			
Owner's Street Address, City, State, Zip			
Owner's Phone Number		Owner's Social Security Number or Tax ID#	
() -			
Owner's Signature:			Date:
Are you the owner of these funds? (If yes, skip this section) Yes No (Please Circle)			
Are you a professional finder? (If yes, an original Power of Attorney is Required). Yes No (Please Circle)			
Claimant's Name			
Claimants Address, City, State Zip		Claimant's Phone Number	

SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Cuyahoga County Court of Common Pleas, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

(If claiming on behalf of a business, print and sign both your name and the business name below.)

Claimant's Signature _____ Date: _____

Please PRINT or TYPE Claimant's Name _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20__

Notary Seal Notary Public Signature _____