



CRIMINAL JUSTICE COORDINATING COUNCIL

104 Marietta Street, NW • Suite 440 • Atlanta, GA • 30303-2743
 404/657-1956 • 877/231-6590 • 404/657-1957 (Fax) • 404/463-7650 (TTY)

Claim Form

Dear Claimant:

Please complete **all** Sections listed below, provide copies of all documentation requested in Section C, and sign the statement in Section D.

Return all pages of this claim form and your supporting documents to the address located at the top of this form. **PLEASE NOTE:** this claim form is not valid if altered in any way. **There is no charge for this service.** We appreciate the opportunity to be of assistance to you in the recovery of unclaimed property.

Be sure to provide original required signatures, notary seals and document(s) necessary to process your claim, as faxed copies will not be processed. Please allow **approximately three weeks** for your claim to be processed. Keep a copy of all documents for your records. If you have any questions, call the Customer Service Representative at (404) 657-2222.

| SECTION A: Property/Owner Information | | |
|---|----------------------------------|---------------------------------------|
| Name of Holder Who Remitted Property | | Control ID(Internal Use Only): |
| Criminal Justice Coordinating Council | Cash Value: | Property Description: |
| | \$ | Other Court Deposits |
| Name of Owner(s) as reported to the Department | Original Reported Address | |
| | | |

SECTION B: Claimant Information

| | |
|--|--|
| OWNERSHIP | |
| 1. Are you the original owner? _____YES _____NO | 3. What is your relationship to original owner (Check one) ____Heir, Executor or Administrator ____Parent/Guardian ____Court Appointed Power of Attorney ____Trustee ____Self |
| 2. Are you a corporation or business? _____YES _____NO | |
| IDENTIFICATION | |
| 4. Name of Claimant | 9. Name of Co-Claimant |
| 5. Present Address | 10. Present Address |
| 6. City, State, Zip | 11. City, State, Zip |
| 7. Social Security Number/Federal ID Number | 12. Social Security Number/Federal ID Number |
| 8. Telephone Number | 13. Telephone Number |

SECTION C: Documentation Required

*Copy of pictured Driver's License or State Identification Card

SECTION D: Affidavit

Original affidavit is needed. Faxed copies will not be accepted.

The undersigned certifies that they are the proper claimant and resides at the provided address. In addition, by signature, declares that upon payment of claim, will indemnify and hold harmless the Criminal Justice Coordinating Council and the Unclaimed Restitution program. If rightful ownership is established by another party, claimant then agrees to return the property to the Georgia Department of Revenue.

Signature of Claimant

Signature of Co-Claimant

Sworn to and subscribed before me this _____ Day of _____.

Signature of Notary Public

Notary Seal:

Printed Name of Notary Public