

# REQUEST FOR CHECK VOID OR REISSUE

<b>DATE REQUESTED</b>	<b>COURT CONTACT</b> Administrative Services	<b>CONTACT PHONE NUMBER</b> (619) 450-7398
<b>REQUESTING COURT</b> San Diego	<b>DOCUMENT NUMBER</b>	<b>CHECK NUMBER</b>
<b>PAYEE NAME</b> <i>(Exactly as it appears on check)</i>	<b>DATE ISSUED</b> <i>(MM/DD/YYYY)</i>	<b>CHECK AMOUNT</b>
<b>REASON FOR ACTION</b>  Stale dated check Funds in Op Fund GL Acct 351003	<b>ACTION REQUESTED</b>  <input checked="" type="checkbox"/> VOID CHECK & REISSUE <input type="checkbox"/> VOID CHECK & REVERSE DOCUMENT <b>(NO REISSUE)</b>	

## PAYEE USE

I, \_\_\_\_\_  
 mailing address \_\_\_\_\_  

Street
City
State
Zip Code

certify or declare:  
 That the Superior Courts of California check described above was  never received;  lost/destroyed;  stolen

on or about \_\_\_\_\_, under the following circumstances:

\_\_\_\_\_

I declare that I am the owner or custodian of said check, the check has not been cashed or transferred, and I am entitled to possession thereof; or the corporation, partnership, or governmental agency in whose behalf I make this application, is the owner or custodian, has not cashed or transferred the check, and is entitled to possession thereof.

(If a corporation is owner or custodian) The declarant is an officer, to wit \_\_\_\_\_  
Title  
 of, \_\_\_\_\_, a corporation and is authorized to make this  
Name of Corporation  
 application and enter into the indemnity agreement provided herein on behalf of said corporation.

Application is made to the Superior Courts of California to issue a duplicate check in lieu of said original check, and declarant, or partnership or corporation in whose behalf he applies, agrees to indemnify, and hold harmless the Judicial Council of California, Superior Courts of California, its officers, and employees, from any loss resulting from the issuance of said duplicate check.

**I/We certify (or declare) under penalty of perjury that the foregoing is true and correct.**

<b>SIGNATURE OF DECLARANT(S)</b>	<b>DATE SIGNED</b>
1.	DATE SIGNED
2.	DATE SIGNED
<b>TITLE</b> <i>(If signing for Corporation, Partnership, or Governmental Agency)</i>	
<b>CORPORATION, PARTNERSHIP, OR GOVERNMENTAL AGENCY NAME</b> <i>(If applicable)</i>	
<b>DAYTIME TELEPHONE NUMBER</b> <i>(Include Area Code)</i>	

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## PAYEE INSTRUCTIONS

1. The completion of this form and its return to issuing court will enable the Superior Courts of California to issue and send you a duplicate check to replace the original which was reported never received, lost/destroyed, or stolen.
2. If you receive the original check prior to completing this form:
  - A. Cash the original check.
  - B. Destroy this form.
3. Please fill out the form carefully and completely. All blanks must be filled. An individual applying in his/her own behalf **need not** show his/her title, or name of firm, corporation, or governmental agency.
4. If the check is drawn to more than one payee, each must sign the application. Each payee must sign his or her own name as it appeared on the original check.
5. **DO NOT CASH THE ORIGINAL CHECK ONCE THE FORM HAS BEEN SIGNED AND RETURNED TO THE COURT!** If the original check is presented for payment, it will not clear through the banking system, and processing charges may result. The original check is invalid and should be returned to court or destroyed.
6. **SUBMIT THIS FORM TO:** *By mail to:*

San Diego Superior Court  
Attn: Unclaimed Operations Funds  
Administrative Services  
330 W Broadway, Room 357  
San Diego, CA 92101

*Or by email to:* [unclaimedopsfunds@sdcourt.ca.gov](mailto:unclaimedopsfunds@sdcourt.ca.gov)
7. For questions: 

Call: (619) 450-7398  
Email: [unclaimedopsfunds@sdcourt.ca.gov](mailto:unclaimedopsfunds@sdcourt.ca.gov)