

**CARROLL COUNTY AUDITOR – STACI BRADY**

119 S. Lisbon St., Suite 203, Carrollton, OH 44615

Ph: 330-627-2250 • Fax: 330-627-7555

**UNCLAIMED FUNDS CLAIM FORM**

The undersigned makes claim to Unclaimed Funds now in the custody of the Carroll County Auditor's Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

**PLEASE PRINT OR TYPE**

Amount of Unclaimed Funds	Pay In Number	Court Case Number
Owner(s) of the Funds	Owner's Phone Number	
	(       )       -	
Owner's Street Address		
Owner's City	Owner's State	Owner's Zip
Owner's Driver's License or State ID Number		Owner's Social Security or Tax ID Number

Are you the owner of these funds? (If yes, skip this section)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a professional finder? (If yes, an original Power of Attorney is required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant's Name	Claimant's Phone Number	
	(       )       -	
Claimant's Street Address		
Claimant's City	Claimant's State	Claimant's Zip

**THIS FORM MUST BE 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 Carroll County, and its employees from any damages, claims or losses of any kind from payment of the above-described funds to claimant.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please PRINT or TYPE Name \_\_\_\_\_

State of Ohio, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ (date) by \_\_\_\_\_.  
(name of person acknowledging)

(Notary Seal)

\_\_\_\_\_  
Signature of Notary Public – State of OhioMy commission expires: \_\_\_\_\_  
(date)

## **Proof of Claim Requirements**

The Claim Form must be filled out in its entirety and submitted with Proof of Claim. Failure to do so will delay processing. Claims are usually processed within ten (10) business days of the authorization by the originating agency. Legal documents provided must be in full effect and dated within two years of filing the claim. Legal counsel or the services of a professional finder are not required to claim your funds. There is no fee to submit your claim nor is interest paid on any funds released. You may drop your form off at the Auditor's Office on the second floor of the Carroll County Courthouse, or you may mail the form. Claims cannot be processed without proper identification.

### **Individual Owners**

- ☐ Personal identification which may include Driver's License, State ID, or Passport
- ☐ Social Security Card (optional for claims under \$500)
- ☐ The original check – IF AVAILABLE
- ☐ *Attorney's Only:* Ohio Supreme Court Attorney Registration number

### **Joint Owners**

- ☐ Claim form signed by all parties
- ☐ Personal identification which may include Driver's License, State ID, or Passport
- ☐ Social Security Card (optional for claims under \$500)

### **Custodian or Guardian of Individual Owner**

- ☐ Personal identification of owner and claimant
- ☐ Social Security Card of owner (optional for claims under \$500)
- ☐ Legal document(s) declaring claimant is the guardian or custodian

### **Business**

- ☐ Verification of owner's taxpayer identification number which may include an SS4, 1099, or tax return
- ☐ Proof of authority to claim funds on behalf of the business such as corporate resolution or affidavit from a senior officer
- ☐ If claiming on behalf of a business, print and sign both your name and the business name

### **Individual Owners**

- ☐ Personal identification which may include Driver's License, State ID, or Passport
- ☐ Social Security Card (optional for claims under \$500)
- ☐ Attorney's Only: Ohio Supreme Court Attorney Registration number

### **Professional Finder**

- ☐ Proof of claim requirements for type of claim (please see applicable list)
- ☐ Personal identification
- ☐ Original, notarized Power of Attorney (POA) that includes the owner's name, current address, phone number, and dollar value of the claim
  - If the POA assigns authority to a business, the individual signing the claim form will need to supply proof of authority to sign on behalf of the business

### **Deceased Owner**

- ☐ Personal identification of claimant
- ☐ Death certificate
- ☐ Letter of Authority appointing claimant as executor or administrator of original owner's estate, **or** completed Affidavit - Claiming Funds

## Affidavit - Claiming Funds

STATE OF OHIO, COUNTY OF CARROLL, SS:

The undersigned, \_\_\_\_\_, of \_\_\_\_\_  
(please print name) (street address)

\_\_\_\_\_, Affiant herein, being first duly cautioned and sworn, deposes and states as follows:  
(city, state, ZIP)

1. I am the owner of, or the authorized representative of a business, or representative of a decedent's estate, owning unclaimed funds currently held by the County of Carroll, Ohio and identified in the records of the Carroll County Auditor.

2. These funds originated from one of the following:

___ payroll	___ deposit or overpayment of utilities
___ tax refund	___ payment for services rendered
___ balance of fines and costs	___ other (please specify) _____

3. I request the Carroll County Auditor to re-issue a check in the amount of \$ \_\_\_\_\_ to replace the one I have not cashed, that original check being number \_\_\_\_\_ and dated \_\_\_\_/\_\_\_\_/\_\_\_\_.

4. I completely agree to indemnify the County of Carroll, Ohio and The Carroll County Auditor against any claim to such funds

which may be brought by any person or entity in the future.

5. Further, Affiant sayeth naught.

\_\_\_\_\_  
(signature)

**Sworn to before me and subscribed in my presence on this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
FOR AUDITOR'S OFFICE USE ONLY:

Proof of Identity: Check to be:

\_\_\_\_ Picture I.D. \_\_\_\_\_ Mailed to affiant at above address  
\_\_\_\_ Personally known by \_\_\_\_\_ Mailed to affiant at different address

\_\_\_\_\_  
New Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Held for pick up

Date Mailed: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_