

corporation, this claim must be executed by the chief fiscal officer of a public corporation, or an officer of a private corporation or unincorporated association. If the claimant is a partnership, this claim must be executed by a partner.

The claimant(s), individually and collectively in the event of multiple claimants, hereby swears, affirms, declares, agrees and certifies that his or her claim to these proceeds is valid and just as the rightful owner thereof, that there are no outstanding conveyances, transfers, liens or encumbrances affecting claimant(s) ownership of the property, that all statements herein are true and correct, and that by the execution of this Form and Affidavit and upon payment of this claim, said claimant(s) shall, and by these present agrees and binds himself or herself to, fully and completely indemnify and hold harmless the Caddo Parish District Attorney's Office, State of Louisiana, and its officers and employees, from any other claims to the property and/or from any loss and expenses, including attorneys fees, resulting or arising from payment of the claim. In addition, I am aware that submission of false information on this form is a criminal offense for which the penalty can be imprisonment with hard labor.

Claimant

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

Notary Public Parish, State
Number _____

My Commission Expires: _____

Unclaimed Proceeds Claim Form Filing Instructions

Section A - Original owner: Original owner is the name under which the account is listed. Therefore, information about the ORIGINAL OWNER is required. If the account was originally opened jointly with the names connected by “and” (John and MaryDoe), both parties must make a claim for the funds. If the original owner or any co-owners are deceased, attach a copy of the appropriate death certificate and legal documents showing court ordered distribution. If the original owner was a business, list the name of the business. If the owner’s name has changed, please submit a copy of the document supporting this name change. For example, if your name has changed through marriage, attach a copy of your marriage certificate.

Section B – Claimant name: Claimant name is the person filing the claim. Provide the address, social security number, email address, daytime phone number, Louisiana driver’s license number and fingerprints (can be done at the Caddo Parish Sheriff’s Office) of the claimant.

Section C – This section requires information about the company or organization (address and type of company) which turned over checks for collection to the Caddo Parish District Attorney’s Office.

Section D – This section requires account numbers and information regarding the account upon which the hot checks were collected. In addition, the amount of the check is required.

Section E – This section requires a copy of your driver’s license and any documentation be attached to this completed claim form.

Section F – This section requires that you sign the form and understand the affidavit statement. No claims will be approved without appropriate execution of this document. **You are required to have this form notarized.**

The following items are examples of copies of documentation that can be submitted to prove a claim:

- Authorization to sign claim form for company**
- Bank statement with pertinent account number**
- Birth certificate**
- Brokerage statement**
- Canceled Check**
- Copy of driver’s license**

Copy of social security card
Correspondence or verification from owner
Court document
Division orders
Divorce papers
Income tax return
Insurance policy
Marriage certificate
Money order
Original check
Passbook
Stock certificate
Traveler's check
W-2 form

Additional Documentation May Be Required.

Please mail this form and supporting documentation to:

Caddo Parish District Attorney's Office
Hot Checks Division
501 Texas St.
Shreveport, Louisiana 71101

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