

**STATE OF NORTH CAROLINA  
JUDICIAL BRANCH OF GOVERNMENT**

**CLERK OF SUPERIOR COURT  
PAYMENT REQUEST**

**CLERK OF SUPERIOR COURT INFORMATION**

Name And Address (type or print)

Contact Person

County

Zip Code

Clerk's TIN

Telephone

**PROPERTY IDENTIFICATION**

Amount Requested

Name(s) And Address(es) Of Person(s) Entitled To Funds (type or print)

Total Amount Reported (see Note)

Report Date (see Note)

Court File No.

Treasurer's Unclaimed Property No.

Make check(s) payable to:

- Person(s) named above in Property Identification section
- Clerk of Superior Court

**NOTE:** Total Amount is the amount reported to the State Treasurer which included the amount being requested. Report Date is the date the report was submitted to the State Treasurer.

If property was reported in aggregate, please provide aggregate amount: \$

**BACKUP WITHHOLDING**

Did escheated funds include interest?

- NO
- YES

If NO, skip to Required Evidence For Payment section.  
If YES, complete the next block.

Was interest escheated subject to backup withholding?

- YES
- NO

If YES, complete the remainder of the form.  
If NO, Bookkeeper should determine if interest escheated was in excess of statutory fees charged. If interest did exceed the fees charged, funds must be returned to the Clerk of Superior Court in order to implement backup withholding prior to disbursement.

**REQUIRED EVIDENCE FOR PAYMENT**

A Special Proceeding to determine the heirs has been held and an order has been entered. See attached order.

SP Case Number For Payment

**SP**

A Special Proceeding to determine ownership of the disputed funds has been held and an order has been entered. See attached order (AOC-SP-262).

**SP**

A Special Proceeding to determine ownership of surplus funds has been held and an order has been entered. See attached order.

**SP**

Money was escheated in error. (Further explanation required.)  
 Other

**NA**

**CERTIFICATION**

**NOTE:** FORM MUST BE SIGNED BY THE CLERK OF SUPERIOR COURT OR THE CLERK'S DESIGNATED EMPLOYEE AND THE SEAL OF THE CLERK OF SUPERIOR COURT AFFIXED.

I hereby certify that this claim has been reviewed and the information provided is true and correct.

Name (type or print)

Title

Assistant CSC

(Place seal of Clerk of Superior Court)

Signature

Date

**SEAL**

MAIL COMPLETED FORM AND EVIDENCE TO:  
**NC DEPARTMENT OF STATE TREASURER  
UNCLAIMED PROPERTY PROGRAM  
3200 ATLANTIC AVENUE  
RALEIGH, NC 27604-1668**

If you have any questions, please call (919) 814-4200.