

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF TULARE</b>		
COURTHOUSE ADDRESS:		
CASE NAME:		
<b>REQUEST FOR REFUND OF COURT FILING FEES</b> (Matters Submitted Electronically)		CASE NUMBER:

**NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES.**

I am requesting a refund in the amount of \$ \_\_\_\_\_ for the following reasons:

\_\_\_\_\_

Date of payment/deposit: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Depositor: \_\_\_\_\_  
Printed Name

Address: \_\_\_\_\_  
Number, Street, City, State, Zip

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

<b>TO BE COMPLETED BY THE COURT:</b>	
Request for Refund:	<input type="checkbox"/> Requires judicial approval <input type="checkbox"/> Requires manager's approval only
Refund:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied         Refund #: _____
By: _____	Dated: _____
<i>Judicial Officer/Manager's Signature</i>	
_____	
<i>Printed Name</i>	