

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

TO BE COMPLETED BY THE COURT:	
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>	