

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 LOS ANGELES			
COURTHOUSE ADDRESS:			
PLAINTIFF:			
DEFENDANT:			
REQUEST FOR REFUND			CASE NUMBER:

NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES. [Use Declaration and Order Re: Advance Jury Fees, SCLAC Approved LACIV 099, to request refund of jury fee deposit.]

IF YOU ARE REQUESTING A REFUND FOR A FEE PAID THROUGH THE COURT RESERVATION SYSTEM (CRS), attach documentation which substantiates that the court erred in calculating or processing a fee.

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: ☐ Requires judicial approval ☐ Requires manager's approval only

Refund: ☐ Approved ☐ Denied Refund #: _____

By: _____ Dated: _____
Judicial Officer/Manager's Signature

Printed Name