

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):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL		
COURTHOUSE ADDRESS:		
PLAINTIFF:		
DEFENDANT:		
REQUEST FOR REFUND		CASE NUMBER:

IF YOU ARE REQUESTING A REFUND FOR A FEE PAID THROUGH EFILING, 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 #: _____

Payor: _____
Printed Name

Address: _____
Number Street City State Zip

Signature: _____ Dated: _____

TO BE COMPLETED BY THE COURT:

Request for refund: Approved Denied

Refund request denied on the basis of:

Date: _____ By: _____