

|  |  |                  |                                 |
|--|--|------------------|---------------------------------|
| NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY: |  | STATE BAR NUMBER | Reserved for Clerk's File Stamp |
| ATTORNEY FOR (Name):   |  |                  |                                 |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>                 |  |                  |                                 |
| COURTHOUSE ADDRESS:  |  |                  |                                 |
| PLAINTIFF:   |  |                  |                                 |
| DEFENDANT:   |  |                  |                                 |
| <b>REQUEST FOR REFUND</b>  |  |                  | CASE NUMBER:                    |

**NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES.** [Use Declaration and Order Re: Advance Jury Fees, LASC 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:

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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