

Attorney or Party Without Attorney (Name, State Bar Number, and Address):	
Phone Number:	
Fax Number:	
Email Address:	
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO</b>	
<b>TITLE OF CASE:</b>	<b>CASE NUMBER:</b>
<b>REFUND REQUEST</b>	

Note: Refunds for eFiling fees will be sent directly to the Electronic Filing Service Provider (EFSP)

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

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Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt/Transaction ID: \_\_\_\_\_

Payor (Printed Name): \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_