SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA

NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES.

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: ADDRESS: TELEPHONE: EMAIL: ATTORNEY FOR:	*FOR COURT USE ONLY*
SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF NEVADA ☐ 201 Church Street, Nevada City, CA 95959 (530) 362-4309 ☐ 10075 Levon Avenue, Truckee, CA 96161 (530) 362-4309	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
OTHER PARTY:	
REQUEST FOR REFUND OF COURT FILING FEES (Matters Submitted Electronically)	CASE NUMBER:

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

Date of payment/deposit: $_____ Amount Paid: $_____ Receipt #: _____

Depositor: _____

Address: _____

Number, Street, City, State Zip

Signature: _____ Date: _____

TO BE COMPLETED BY THE COURT

Request for Refund: ☐ Requires judicial approval ☐ Requires manager's approval only

Refund: ☐ Approved ☐ Denied ☐ Refund # _____

By: _____

Judicial Officer/Manager's Signature

_____ Date: _____

Printed Name