

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: ADDRESS: TELEPHONE: EMAIL: ATTORNEY FOR:	COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA <input type="checkbox"/> Nevada City Courthouse <input type="checkbox"/> Truckee Branch Courthouse 201 Church Street 10075 Levon Avenue Nevada City, CA 95959 Truckee, CA 96161	
PLAINTIFF/PETITIONER:	
DEFENDANT/RESPONDENT:	
OTHER PARTY:	
REQUEST FOR REFUND OF COURT FILING FEES (Matters Submitted Electronically)	CASE NUMBER:

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

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: _____ Dated: _____

TO BE COMPLETED BY THE COURT	
Request for Refund:	<input type="checkbox"/> Requires judicial approval <input type="checkbox"/> Requires manager's approval only
Refund:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Refund #
By: _____	Dated: _____
Judicial Officer/Manager's Signature	
_____ Printed Name	