

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF NEVADA**

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: ADDRESS: TELEPHONE: EMAIL: ATTORNEY FOR:	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF NEVADA <input type="checkbox"/> 201 Church Street, Nevada City, CA 95959 (530) 362-4309 <input type="checkbox"/> 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:

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: _____ Date: _____

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: _____	
Judicial Officer/Manager's Signature	
_____	Date: _____
Printed Name	