

ATTORNEY OR PARTY WITHOUT ATTORNEY: NAME: ADDRESS:  TELEPHONE: EMAIL: ATTORNEY FOR:	COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF NEVADA</b> <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:	
<b>REQUEST FOR REFUND OF COURT FILING FEES</b> <b>(Matters Submitted Electronically)</b>	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: \_\_\_\_\_

<b>TO BE COMPLETED BY THE COURT</b>	
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	