

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	<i>Reserved for Clerk's File Stamp</i>
ATTORNEY FOR (Name):		
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES</b>		
COURTHOUSE ADDRESS:		
PLAINTIFF:		
DEFENDANT:		
<b>REQUEST FOR REFUND</b>		CASE NUMBER:

**NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES.** [Use Declaration and Order Re: Advance Jury Fees, LASC Approved CIV 099 04-05, to request refund of jury fee deposit.]

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of payment/deposit: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Depositor: \_\_\_\_\_  
   Printed Name

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                      Refund #: _____
By: _____	Dated: _____
<i>Judicial Officer/Manager's Signature</i>	
_____	
<i>Printed Name</i>	