NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's File Stamp
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SOLANO		
COURTHOUSE ADDRESS:		
CASE NAME:		
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: _____
Printed Name

Address: _____
Number, Street, City, State, Zip

Date: _____ Signature: _____

TO BE COMPLETED BY THE COURT:

Request for Refund: ☐ Requires Judicial Approval ☐ Requires Manager's Approval Only

Refund: ☐ Approved ☐ Denied

By: _____ Dated: _____
Judicial Officer/Managers Signature

_____
Printed Name