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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, COUNT	Y OF SOLANO	
COURTHOUSE ADDRESS:		
CASE NAME:		
		CASE NUMBER:
REQUEST FOR REFUND OF COURT FILING FEES		
(Matters Submitted Electronically)		
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:		
Printed Name		