

NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:		STATE BAR NUMBER	FOR COURT USE ONLY
ATTORNEY FOR (Name):			
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF MADERA</b>			
COURTHOUSE ADDRESS: 200 South G Street Madera, CA 93637			
PLAINTIFF:			
DEFENDANT:			
<b>REQUEST FOR REFUND</b>			CASE NUMBER:

**Please submit any supporting documentation regarding deposit of fees with this form.**

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

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

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

Address: \_\_\_\_\_  
Number Street City State Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY THE COURT:**

Please note all refunds require judicial approval.

☐ Approved ☐ Denied

Additional Order(s): \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT