

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN FRANCISCO

400 McAllister Street, San Francisco, CA 94102

Phone: 415-551-4000 | Website: <https://sfsuperiorcourt.org>



REQUEST FOR REFUND

Name of Claimant (please print): _____

Address of Claimant: _____

Email Address of Claimant: _____

Amount requested to refund: _____

Date(s) of Transaction: _____

Transaction/Fee Tag Number(s): _____

Case Number/Title: _____

Please note: The Court will follow up by email with information or questions regarding this request.

Reason for request of refund: (This is required for consideration of merit, attach a separate sheet if additional space is needed.)

The amount claimed is justly due and this claim has been presented and filed with the department originally receiving said money within the time prescribed by law.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON _____ AT _____, CALIFORNIA.

Signature of Claimant

FOR COURT USE ONLY

Refund request approved/denied on the basis of:

Amount to be Refunded: _____

Date: _____

Division Manager/Senior Fiscal Technician Authorization