

Request for Refund of Graduated Filing Fees

THIS FORM MUST BE SUBMITTED ON YELLOW PAPER

I am requesting a refund of the graduated filing fee in the amount of \$ _____, calculated as follows:

Total amount of my payment(s): \$ _____
Less, the amount of base fee plus local add-ons: _____
TOTAL AMOUNT OF REFUND CLAIMED: \$ _____

Mail the refund to my address as noted above.
 Mail the refund to me at the following address:

Street Address _____ City _____ State _____ Zip Code _____

TO BE COMPLETED WHEN THE COURT HAS MADE AN ORDER ALLOWING A REFUND OF THE GRADUATED FILING FEE

Attached is a copy of this Court's order dated _____ allowing a refund of the graduated filing fee in the sum of \$ _____. That order provides for payment of the refund as follows:

To the applicant herein, as personal representative of the estate of the above-named decedent.
 To the persons as specified in the order attached hereto.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature Dated: _____

Signature Dated: _____

TO BE COMPLETED BY THE COURT

Refund: Approved Denied
Reason for denial: The graduated filing fee paid was equal to the base fee plus local add-ons, in the year of filing, and no refund is due.
 The applicant was not the initial (first) filer and did not pay the graduated filing fee.
 Petition for Final Distribution was approved per Minute Order dated _____ and any request for refund must be made in a properly filed and noticed petition/motion.
 The order allowing refund of the graduated filing fees is not attached as alleged.
 Other: _____

By: _____ Dated: _____
Signature Probate Attorney Probate Examiner

TO BE COMPLETED BY THE CLERK ISSUING REFUND ORDER Deposit Refund Order #: _____

By: _____ Date: _____
Printed Name / Refund Clerk