NAME, ADDRESS, AND TELEPHONE NUMBER OF ATTORNEY OR PARTY WITHOUT ATTORNEY:	STATE BAR NUMBER	Reserved for Clerk's	s File Stamp
ATTORNEY FOR (Name):			
SUPERIOR COURT OF CALIFORNIA, COUNTY O	OF LOS ANGELES		
COURTHOUSE ADDRESS:			
PLAINTIFF:			
DEFENDANT:			
		CASE NUMBER:	
REQUEST FOR REFUNI	ח		
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NOTE: THIS FORM IS NOT TO BE USED FOR REFUND OF JURY FEES. [Use <u>Declaration and Order Re: Advance Jury Fees</u> , LASC Approved LACIV 099, to request refund of jury fee deposit.]			
IF YOU ARE REQUESTING A REFUND FOR A FEE PAID THROUGH THE COURT RESERVATION SYSTEM			
(CRS), attach documentation which substantiates that the court erred in calculating or processing a fee.			
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
Signature: Dated:			
TO DE COMPLETED BY THE COURT.			
TO BE COMPLETED BY THE COURT:			
Request for Refund: Requires judicial approva	al Requires m	anager's approva	l only
Refund:	#:	_	
By:	Dated:		
Judicial Officer/Manager's Signature			
Printed Name			