

Attorney or Party Without Attorney (Name, State Bar Number, and Address):	
Phone Number:	
Fax Number:	
Email Address:	
SUPERIOR COURT OF CALIFORNIA COUNTY OF EL DORADO	
<input type="checkbox"/> 2850 Fairlane Court, Suite 120, Placerville, CA 95667	
<input type="checkbox"/> 495 Main Street, Placerville, CA 95667	
<input type="checkbox"/> 1354 Johnson Blvd., South Lake Tahoe, CA 96150	
<input type="checkbox"/> 295 Fair Lane, Placerville, CA 95667	
<input type="checkbox"/> 3321 Cameron Park Drive, Cameron Park, CA 95682	
TITLE OF CASE:	CASE NUMBER:
REFUND REQUEST	

Note: Refunds for eFiling fees will be sent directly to the Electronic Filing Service Provider (EFSP)

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

Payment Date: _____ Amount Paid: _____

Receipt/Transaction ID: _____

Payor (Printed Name): _____

Mailing Address, City, State, Zip: _____

Phone Number: _____

Date: _____ Signature: _____