

Attorney or Party Without Attorney (Name, State Bar Number, and Address):   Phone Number: Fax Number: Email Address:	
<b>SUPERIOR COURT OF CALIFORNIA COUNTY OF EL DORADO</b> <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"/> 2927 Meder Road, Cameron Park, CA 95682	
<b>TITLE OF CASE:</b>	<b>CASE NUMBER:</b>
<b>REFUND REQUEST</b>	

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:

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Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Receipt/Transaction ID: \_\_\_\_\_

Payor (Printed Name): \_\_\_\_\_

Mailing Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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