

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
COURT OF COMMON PLEAS OF PHILADELPHIA
OFFICE OF JUDICIAL RECORDS - CIVIL**

REFUND APPLICATION

**Return to:
Room 296, City Hall
Philadelphia, PA 19107
Or Fax to: 215-686-8397**

NAME AND ADDRESS OF PAYEE:

APPROVED BY:

Office of Judicial Records
Finance Office

Amount of Refund Request:

\$ _____

CASE CAPTION:

Court Term & Number:

vs.

STATEMENT OF FACTS:

Note: Please attach your **original cash register receipt or proof of payment**, along with a copy of the **civil docket report**.

PAYEE'S SIGNATURE

Date: _____