



FIRST JUDICIAL DISTRICT OF PENNSYLVANIA  
COURT OF COMMON PLEAS OF PHILADELPHIA  
OFFICE OF JUDICIAL RECORDS

FAMILY COURT REFUND APPLICATION

Return to:  
Room 296, City Hall  
Philadelphia, PA 19107  
Or Fax to: (215) 686 – 8397

NAME AND ADDRESS OF PAYEE:

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APPROVED BY:

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Judicial Authority

\_\_\_\_\_  
Office of Judicial Records, Deputy Director

Amount of Refund Request:

CASE CAPTION:

\$ \_\_\_\_\_

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Court Term & Number:

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vs.

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STATEMENT OF FACTS:

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**NOTE:**

Please attach your **original register receipt** or **proof of payment**.  
For cases paid electronically the \$5.00 convenience fee is **NON-REFUNDABLE**.

PAYEE'S SIGNATURE

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