REVISED 2/96

STATE OF NEW YORK - UNIFIED COURT SYSTEM

REQUEST FOR REFUND OF FEES/FINES PAID INTO COURT

Date _____

1. TO: _____

Appropriate UCS District /Administrative Office (for refunds of State fees) or Local Government Official (for refunds from local monies)

_____

FROM: _____

Chief Clerk or Authorized Designee

_____

2. Consistent with existing statute and the provisions of Part IV / Chapter 3.070.1 of the UCS Financial Planning & Control Manual, a request for the refund of monies previously paid into the court or agency of _____ is hereby submitted

Type of Proceeding: _____

Index or Docket No _____

Orig. Amount Paid _____

Date Paid _____

Receipt No. _____

REASON FOR REFUND: _____

_____

_____

_____ (ATTACH COPY OF RECEIPT AND ANY OTHER APPROPRIATE DOCUMENTATION)

3. THE MONIES TO BE REFUNDED WERE PREVIOUSLY TRANSMITTED FOR CREDIT TO THE (CHECK ONE AND COMPLETE AS APPROPRIATE):

☐ STATE OF NEW YORK ☐ COUNTY OF: _____ ☐ CITY/TOWN OF: _____

4.

NAME AND ADDRESS AS THEY SHOULD APPEAR ON THE REFUND CHECK PAYEE NAME AND ADDRESS (LIMIT TO 5 LINES, 30 SPACES EACH)	TOTAL $ AMOUNT	PAYEE REFERENCE TO APPEAR ON CHECK STUB (LIMIT TO 20 SPACES)

DEPT	REVENUE COST CENTER TO BE CHARGED	VAR	YR	OBJECT	ACCUM DEPT	ACCUM STATE

5. CHIEF CLERK'S / COURT MANAGER'S CERTIFICATION:

I HEREBY CERTIFY THAT THE FEES REFERENCED HEREIN WERE PREVIOUSLY COLLECTED BY THIS COURT/AGENCY AND WERE TRANSMITTED FOR CREDIT TO THE GOVERNMENT ENTITY FROM WHICH THE REFUND IS TO BE ISSUED AND THAT THIS REFUND IS REASONABLE IN THAT THE FUNDS WERE COLLECTED OR CREDITED DUE TO A LEGITIMATE ERROR:

_____ SIGNATURE OF THE CHIEF CLERK OR AUTHORIZED DESIGNEE

_____ TITLE

6. CLAIMANT'S CERTIFICATION:

I HEREBY CERTIFY AND AFFIRM THAT THE REASON FOR THE REFUND SET FORTH IN ITEM 2 ABOVE IS TRUE, THAT THE AMOUNT TO BE REFUNDED WAS PAID IN THIS COURT OR AGENCY BY ME OR ANOTHER AUTHORIZED AGENT OF THE FIRM I REPRESENT, AND THAT THIS REQUEST DOES NOT DUPLICATE ONE PREVIOUSLY SUBMITTED FOR THE SAME PURPOSE:

_____ CLAIMANT'S SIGNATURE

_____ DATE

_____ REQUIRED: PAYEE ID (FEDERAL TAX ID OR SOCIAL SECURITY NUMBER)

IMPORTANT -ALL SECTIONS MUST BE COMPLETED. COURT PERSONNEL SHOULD SUPERVISE THE COMPLETION OF SECTIONS 1. THROUGH 5. CLAIMANT MUST SIGN AFFIRMATION SECTION 6. FOR REFUNDS OF STATE FEES, THE COMPLETED FORM SHOULD BE SUBMITTED FOR PAYMENT TO THE APPROPRIATE UCS DISTRICT/ADMINISTRATIVE OFFICE. TO AVOID PROCESSING DELAYS, DO NOT SEND DIRECTLY TO THE STATE COMPTROLLER OR TO THE COMMISSIONER OF TAX & FINANCE. FOR THE REFUND OF MONIES PREVIOUSLY CREDITED TO GOVERNMENT ENTITIES OTHER THAN THE STATE OF NEW YORK, SUBMIT THE COMPLETED FORM TO THE APPROPRIATE LOCAL GOVERNMENT FISCAL AUTHORITY (I.E. COUNTY TREASURER, CITY COMPTROLLER). IN ALL CASES, BE SURE TO INCLUDE REQUIRED SUPPORTING DOCUMENTATION (E.G. COPY OF RECEIPT, COURT ORDER).