

**STATE OF NEW YORK - UNIFIED COURT SYSTEM
REQUEST FOR REFUND OF FEES/FINES**

DATE _____

1. TO: Office of Court Administration - Third Judicial District

FROM: _____

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 Albany County Supreme Court 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 PAYEE NAME AND ADDRESS (LIMIT TO 5 LINES, 30 SPACES)	AMOUNT	PAYEE REFERENCE TO APPEAR ON CHECK
		STUB (LIMIT TO 20 SPACES)

DEPT	REVENUE COST CENTER TO BE CHARGED	VAR	YR	OBJECT	ACCUM	
					DEPT	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 INTO 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 # OR SOC. SEC. #