

**HARVEY RUVIN**  
CLERK OF THE CIRCUIT AND COUNTY COURTS  
Miami-Dade County



**E-FILING REFUND REQUEST**

**Contact Information**

Date of Request:

Attorney or Registered Organization's Name:

Attorney's Bar # or Registered Organization's #:

Telephone:

E-mail Address:

**Original Transaction**

Email to location originally filed:

Date Filed:

E-Filing #:

Amount Originally Paid:

Local Case #:

\$

**Refund Information**

Requested Refund Amount: \$ \_\_\_\_\_

Make Refund Payable to:

Registered Attorney

Registered Organization

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_