

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

Date _____

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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

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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)

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

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☐

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 4 LINES, 30 SPACES EACH)

TOTAL \$ AMOUNT

PAYEE REFERENCE TO APPEAR ON CHECK
STUB
(LIMIT TO 30 SPACES)

DEPT	PROGRAM	FUND	OPER UNIT	FY/BUD REF	ACCOUNT	PRODUCT	

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

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 (e.g. COUNTY TREASURER, CITY COMPTROLLER). IN ALL CASES, BE SURE TO INCLUDE REQUIRED SUPPORTING DOCUMENTATION (e.g. COPY OF RECEIPT, COURT ORDER).