

DALLAS COUNTY DISTRICT CLERK
REFUND REQUEST FORM

Date: _____

Name (of person requesting refund): _____

Phone Number: _____

Case Number: _____

Plaintiff Name: _____

-VS-

Defendant Name: _____

Refund Request Amount: \$ _____

Reason for Request:

Refund Check Information

Payee: _____

Address: _____

City, State, Zip: _____

***** FOR OFFICE USE ONLY*****

Date: _____

Amount: _____

Dept. Ck#: _____

Mail To: _____
