



JUAN FERNANDEZ-BARQUIN
CLERK OF THE COURT AND COMPTROLLER
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: _____
