



REQUEST FOR REFUND FORM

State Bar Rule 2.14 states: "Unless these rules provide otherwise, a licensee is not entitled to a refund of annual license fees because of death, resignation, disbarment, transfer to inactive status, entering judicial office, or for any other reason."

Complete and submit this form to request a refund for payment of fees submitted in error. Request for refunds must be submitted within 60 days of payment and may take up to 90 days to process. Refunds for duplicate license fee payments will be given priority. Credit card service fees are non-refundable.

Attorney Name:

Bar Number:

Amount Paid:

Date Paid:

Refund Request Amount:

Full Refund

Partial Refund

Partial Refund Amount:

PAYMENT METHOD

CHECK

Check Number:

OR

ONLINE

Confirmation Number:

Credit Card Type:

Visa

MasterCard

Discover

American Express

Last 4 digits of Credit Card:

CONTACT INFORMATION

Name:

Phone:

Address:

Email:

REASON FOR REFUND REQUEST (including Waiver) – Please explain below.

EMAIL COMPLETED FORM TO:

Refund@calbar.ca.gov

OR

MAIL COMPLETED FORM TO:

The State Bar of California
Billing - Refund Requests
180 Howard Street
San Francisco, CA 94105

FOR OFFICIAL STATE BAR USE ONLY

Finance Approval: _____

Amount: _____

Date: _____