



**REQUEST FOR REFUND OF FEES PURSUANT TO
COMMITTEE OF BAR EXAMINERS REFUND POLICY**

Pursuant to the Committee of Bar Examiners Refund of Fees policy, 50 percent of all fees paid (excluding credit card processing fees) to take the California Bar Examination or the First-Year Law Students' Examination may be refunded in the event of a death, serious illness, or disabling injury of a member of the applicant's immediate family or due an applicant's serious disabling illness or injury or debilitating condition, or a calamitous event that occurred after the application was submitted, but prior to administration of the examination. Refund of 95 percent of all fees paid in conjunction with the subject exam may also be available due to an unanticipated call to active duty or an unanticipated change in military orders. Refer to the Committee's Refund of Fees Policy for further information.

This form must be completed by the applicant (or other authorized representative) and submitted to State Bar's Office of Admissions in Los Angeles or emailed to admissions@calbar.ca.gov. Notice of the decision regarding the request will be forwarded within two to four weeks after receipt of your form.

Name of Applicant: _____

File Number: _____

Address: _____

City, State, and Zip code: _____

Daytime Telephone Number: _____

Examination for which a refund is being sought: _____

Request is related to: Self Immediate Family Member

Identify relationship: _____

And due to:

Disabling Illness/Injury/
Debilitating condition Death Other

On the following page, summarize the nature of your request, (provide as many details as possible, include dates and if due to illness include diagnosis, duration of illness and/or hospitalization and prognosis.) If more space is needed to adequately explain the circumstances related to this request, attach additional pages as necessary.

Please explain below.

A request for a refund of fees due to illness of the applicant or their immediate family member must be accompanied by a letter from the treating physician on their official letterhead, which includes the doctor's license number, that verifies the information provided above, including the diagnosis, first onset, duration of illness and/or hospital stay, date of the last visit/evaluation, and prognosis. A copy of the death certificate must accompany a request for refund due to death. Any other request must be verified by appropriate, relevant documentation, e.g., assignment orders, insurance claims, etc. Processing of refund requests will be delayed if the appropriate documentation is not submitted with the request.

I am aware that it is my responsibility to file a complete refund request and understand that processing will be delayed if the information submitted is found to be incomplete. Attached is all relevant original documentation.

I hereby declare under penalty of perjury under the law of the State of California that the foregoing statements are true and correct.

Executed on: _____ **at:** _____
(Date) *(City and State)*

By: _____
(Signature of Applicant or Other Authorized Representative)