



## 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.

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:

Email:

REASON FOR REFUND REQUEST – Please explain below.

**EMAIL COMPLETED FORM TO:**

[Refund@calbar.ca.gov](mailto:Refund@calbar.ca.gov)

OR

**MAIL COMPLETED FORM TO:**

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