



The State Bar of California

OFFICE OF ADMISSIONS

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, for the California Bar Examination (CBX) or the First-Year Law Students' Examination (FYLSX) may be refunded in the event of the death, serious illness, or disabling injury of an applicant or an immediate family member. A refund of 95 percent of all fees paid may also be available due to an unanticipated call to active duty or an unexpected change in military orders. Additionally, a full refund of 100 percent, excluding credit card processing fees, for the CBX or FYLSX may be granted in the event of a significant events beyond the applicant's control, such as displacement caused by fire, flood, earthquake, or other severe disasters that result in a declared state of emergency by local, state, or federal authorities, or loss of freedom due to terrorist attacks. For further details, please refer to the [Committee's Refund of Fees Policy](#).

This form must be completed by the applicant or an authorized representative and submitted to the Office of Admissions via email to admissions@calbar.ca.gov. Your request and all supporting documentation must be received and completed no later than 90-days after the first day of the exam for which a refund is requested. Incomplete or partial submissions that are not completed by the 90-day deadline will be denied. Extensions will not be granted beyond the 90-day deadline for incomplete requests. You will receive a decision regarding your request within two to four weeks after receipt of your form.

Name of Applicant: _____

Address: _____

City, State, and Zip code: _____

Phone Number: _____ Email: _____

File Number: _____ Exam for which a refund is being sought: _____

Request is related to: ☐ Self ☐ Immediate Family Member

Identify relationship: _____

Request due to:

- ☐ Disabling Illness, Injury, or Debilitating condition
- ☐ Death
- ☐ Personally affected or displaced by a disaster or terrorist attack
- ☐ Other: _____

Continued on the next page.

Please summarize the nature of your request, (provide as much detail 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, FEMA letter, 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 is true and correct.

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

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