

**FIRST JUDICIAL DISTRICT OF PENNSYLVANIA
COURT OF COMMON PLEAS OF PHILADELPHIA
OFFICE OF THE PROTHONOTARY**

PROTHONOTARY REFUND APPLICATION

**Return to:
ROOM 282 CITY HALL
PHILADELPHIA PA 19107
or Fax to 215-686-3793**

NAME AND ADDRESS OF PAYEE:

APPROVED BY:

Prothonotary, Finance Dept.

Amount of Refund Request:

\$ _____

CASE CAPTION:

Court Term & Number:

VS.

STATEMENT OF FACTS:

Note: Please attach your **original cash register receipt or proof of payment**, along with a copy of the **civil docket report**.

PAYEE'S SIGNATURE:

Date: _____