

(7/2019)

**STATE OF NEW YORK - UNIFIED COURT SYSTEM  
REQUEST FOR REFUND OF FEES/FINES PAID INTO COURT**

1. **TO:** State of NY Unified Court System, Fifth Judicial District Administrative Office, Attn: Rosanne Reilly  
Onondaga County Office Building, 600 S State St, Room 300, Syracuse, NY 13202

**FROM (COURT):** \_\_\_\_\_

2. Consistent with existing statute and the provisions of Part IV/Chapter 3.070.1 of the UCS Financial Planning & Control Manual, a request for the refund of monies previously paid into the court or agency of \_\_\_\_\_ is hereby submitted:

**TYPE OF PROCEEDING:** \_\_\_\_\_ **ESTATE OF:** \_\_\_\_\_

**INDEX OR DOCKET NO.:** \_\_\_\_\_ **ORIGINAL AMOUNT PAID:** \_\_\_\_\_

**DATE PAID (Acctg Date):** \_\_\_\_\_ **RECEIPT NO.:** \_\_\_\_\_

**REASON FOR REFUND:** \_\_\_\_\_

(Attach copy of receipt and other appropriate documentation)

3. The monies to be refunded were previously transmitted for credit to the (check one and complete as appropriate):

☐ State of New York

☐ County of: \_\_\_\_\_

☐ City/Town of: \_\_\_\_\_

4. **NAME AND ADDRESS AS THEY SHOULD APPEAR ON THE  
REFUND CHECK --PAYEE NAME AND ADDRESS (LIMIT TO  
5 LINES, 30 SPACES EACH)**

**TOTAL \$  
AMOUNT**

**PAYEE REFERENCE TO  
APPEAR ON CHECK STUB  
(LIMIT TO 30 SPACES)**

DEPT	PROGRAM	FUND	ACCT	PRODUCT	F/Y OPER UNIT	
5000281	99999	70200	58981			
5000281	99999	70200	58981			
5000281	99999	70200	58981			

5. **CHIEF CLERK'S / COURT MANAGER'S CERTIFICATION:**

I hereby certify that the fees referenced herein were previously collected by this Court/Agency and were transmitted for credit to the government entity from which the refund is to be issued and that this refund is reasonable in that the funds were collected or credited due to a legitimate error:

\_\_\_\_\_  
Signature of the Chief Clerk or authorized designee

\_\_\_\_\_  
Title

6. **CLAIMANT'S CERTIFICATION:**

I hereby certify and affirm that the reason for the refund set forth in item 2 above is true, that the amount to be refunded was paid into this Court or Agency by me or another authorized agent of the firm I represent, and that this request does not duplicate one previously submitted for the same purpose:

\_\_\_\_\_  
Claimant's signature

\_\_\_\_\_  
Date

**\*IMPORTANT\*** All sections must be completed. Court personnel should supervise the completion of Sections 1. through 5. Claimant must sign affirmation Section 6. For refunds of State Fees, the completed form should be submitted for payment to the appropriate UCS District / Administrative Office. To avoid processing delays, do not send directly to the State Comptroller or to the Commissioner of Tax & Finance. For the refund of monies previously credited to government entities other than the State of NY, submit the completed form to the appropriate local government fiscal authority (ie. County Treasurer, City Comptroller). In all cases, be sure to include required supporting documentation (e.g. copy of receipt, court order).