



Clerk of the Circuit and County Courts  
11th Judicial Circuit  
Miami-Dade County



**ATTORNEY E- FILING REFUND REQUEST FORM**

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Attorney Contact Information**

Attorney's Name: \_\_\_\_\_

Attorney Bar # : \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Original Transaction**

Email to location originally filed at: COC \_\_\_\_\_ REFUND@MIAMIDADE.GOV

Example: COCFamilyREFUND@MIAMIDADE.GOV

Choose one of the following: Family      Probate      Coral Gables      Miami Beach      South Dade  
Circuit Civ      Cnty Central      Hialeah      North Dade

Date Filed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-Filing #: \_\_\_\_\_

Amount Originally Paid: \$ \_\_\_\_\_

Case #: \_\_\_\_\_  
(Local Case Number)

**Refund Information**

Requested Refund Amount: \$ \_\_\_\_\_

Make Refund Payable To (Choose One):

Registered Organization

Registered Attorney

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_