



# 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' (Committee) Refund of Fees policy, 95 percent of fees paid to take the California Bar Examination or the First-Year Law Students' Examination may be refunded in the event of a death, serious illness or disabling injury of a member of the applicant's immediate family or due an applicant's serious disabling illness or injury or debilitating condition that occurred after the application was submitted, but prior to administration of the examination. Refunds may also be available due to an unanticipated call to active duty or other serious events in which an applicant is involved, such as fire, floods, etc. Refer to the Committee's Refund of Fees Policy for further information.

The following form must be completed by the applicant (or other authorized representative) and submitted to the State Bar of California's Office of Admissions in Los Angeles. Following receipt and evaluation, notice of the decision regarding the request will be forwarded within two to four weeks.

Name of Applicant: \_\_\_\_\_

File Number: \_\_\_\_\_

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

City, State and Zip code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Examination for which a refund is being sought: \_\_\_\_\_

Request is related to: ☐ Self ☐ Immediate Family Member

(identify relationship: \_\_\_\_\_)

And due to:

☐ Disabling Illness/Injury/  
Debilitating condition ☐ Death ☐ Other \_\_\_\_\_

On the following page, summarize the nature of your request, (provide as many details 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.

A request for a refund of fees due to illness of the applicant or his/her immediate family member must be accompanied by a letter from the treating physician on his/her 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, 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 statements are true and correct.**

**Executed on:** \_\_\_\_\_ **at:** \_\_\_\_\_  
(Date) (City and State)

**By:** \_\_\_\_\_  
(Signature of Applicant or Other Authorized Representative)