

Refund Request Form for Warrant Recall Fees

Instructions: **The fields marked with an asterisk (*) are required.** The refund must be requested by the person who paid the warrant recall fee. Fill out the information below for each refund you are requesting, sign the form, and **attach a copy of your driver's license.** Separate forms must be filled out for each court that you are requesting a refund from. Complete additional forms as necessary if you are requesting more than four refunds from one court. Please allow up to 30 days for this request to be processed. Reimbursement payments will be mailed to the current mailing address on the reimbursement request form.

Court that imposed the fee* 19th Judicial District Court Baton Rouge City Court Baker City Court Zachary City Court

Payor Information

Payor's Name* _____
 Payor's Phone Number* _____
 Payor's Mailing Address: _____
 Address Line 1* _____
 Address Line 2 (optional) _____
 City and State* _____
 Zip Code* _____

Submit the completed form using one of the following methods:
 Email: warrantrecallfee@brgov.com
 Fax: 225-389-8634
 Mail: City of Baton Rouge – Parish of East Baton Rouge
 Attn: Finance - Accounting (Warrant Recall Fee Request)
 P.O. Box 1471
 Baton Rouge, LA 70821
 In Person: City Hall, 4th Floor, Room 490
 222 St. Louis St., Baton Rouge, LA 70802
 If you have any questions, call 389-3069, ext. 106

Have you attached a copy of your driver's license? This is required for a refund.* Yes

Case Information

	<u>1st Case*</u>	<u>2nd Case</u>	<u>3rd Case</u>	<u>4th Case</u>
Defendant's Name*	_____	_____	_____	_____
Defendant's Date of Birth*	_____	_____	_____	_____
Defendant's Driver's License No.*	_____	_____	_____	_____
Case Number	_____	_____	_____	_____
Date of Payment	_____	_____	_____	_____
Receipt Number	_____	_____	_____	_____

In accordance with Act 622 of the 2016 Regular Session of the Louisiana Legislature, I hereby request a refund for the warrant recall fees that I paid on the above cases. By signing below, I certify the following: the information provided is correct; I have not been previously reimbursed for the above warrant recall fees; and I will not request future reimbursement for the above warrant recall fees.

 Signature of Payor Requesting the Refund

To be filled out by Court personnel:

	<u>1st Case</u>	<u>2nd Case</u>	<u>3rd Case</u>	<u>4th Case</u>
<i>All Courts:</i> Amount of Refund	_____	_____	_____	_____
<i>All courts except B.R. City Court:</i> Check No. sent to EBR Finance	_____	_____	_____	_____
<i>All courts except B.R. City Court:</i> Date of Check	_____	_____	_____	_____
<i>Only B.R. City Court:</i> Trans. Date of Cash Receipt	_____	_____	_____	_____
<i>Only B.R. City Court:</i> Please attach corresponding reports.				

Signature of Court representative certifying that the above amount was paid for warrant recall fees for the misdemeanor detention facility by the payor requesting the refund.

To be filled out by Finance personnel:

Total Amount of Refund _____ Payment Voucher Number _____
 Cash Receipt Number: 1st Case _____ 2nd Case _____ 3rd Case _____ 4th Case _____