

MIKE SPENCE
CADDO PARISH CLERK OF COURT

REFUND REQUEST

_____ VS _____

SUIT NUMBER _____

DATE _____

PLEASE ISSUE A REFUND TO: _____

- REASON FOR REFUND: _____DISMISSAL
 _____GARNISHMENT
 _____JUDGMENT
 _____NO FURTHER ACTION
 _____DEFENDANT TO PAY COST

SIGNED _____

ADDRESS _____

PHONE _____

FAX _____