GARY LOFTIN
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_____