

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TENNESSEE**

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**In Re:**

**Case No.** \_\_\_\_\_

**Chapter** \_\_\_\_\_

**Debtor(s)**

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**REQUEST FOR REFUND OF FEES**

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**To requesting party:**

You have requested a refund of fees from the United States Bankruptcy Court. Please complete the following request and return this form to:

**U. S. Bankruptcy Court Clerk  
200 Jefferson Avenue, Suite 413  
Memphis, TN 38103**

**(Please complete the following information)**

Date of payment \_\_\_\_\_

Receipt number \_\_\_\_\_

Total of Receipt \$ \_\_\_\_\_

Amount to be refunded \$ \_\_\_\_\_

Reason for request of funds \_\_\_\_\_

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**Please forward requested fee to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_  
(written signature)

Date \_\_\_\_\_