

**THE STATE BAR OF CALIFORNIA**  
**COMMITTEE OF BAR EXAMINERS/OFFICE OF ADMISSIONS**

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180 Howard Street • San Francisco, CA 94105-1639 • (415) 538-2300  
1149 South Hill Street • Los Angeles, CA 90015-2299 • (213) 765-1500

**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% 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 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: \_\_\_\_\_

Registration Number: \_\_\_\_\_

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

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       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 need to adequately explain the circumstances related to this request, attach additional pages as necessary.

