MOTION FOR REFUND AFTER	CASE DOCKET NUMBER	TRIAL COURT OF M	ASSACHUSETTS	
INVALIDATED CONVICTION				
COMMONWEALTH vs DEFENDANT		Court	District/Superior/BMC Juvenile	
			Juvenne	
INTERPRETER/TRANSLATION SERVICES	:			
□ I request the assistance of a	language interp	reter or translator to	complete this form.	
<b>Note:</b> There is no charge to you for int	terpreter or translation serv	ices.		
INSTRUCTIONS:				
Please check all of the boxes below that	at apply to your request for	a refund of the court	fees and fines you paid	
The Trial Court's records for this case n amount you paid. The clerk's office wil			s ordered and the	
		,		
REASONS FOR MY REQUEST FOR A REF	UND:			
□ I am eligible for a refund because:				
1. I was convicted or my case was	continued without a finding	g of guilt; and		
2. I paid money to the court as pa	rt of my sentence; <u>and</u>			
<ol> <li>My conviction or continuance v</li> <li>To the best of my knowledge, I</li> </ol>		ated (vacated or ove	rturned); <u>and</u>	
FINES AND FEES:				
Check all that apply:				
I paid the following:				
Victim-Witness fee. I pa	aid \$			
🔲 I do not remembe	er how much I paid.			
□ Fine. I paid \$				
🗆 I do not remembe	r how much I paid.			
Court costs. I paid \$				
🔲 I do not remembe	er how much I paid.			

	Drug assessment fee. I paid \$			
	I do not remember how much I paid.			
	$\Box$ Monthly probation supervision fees. I paid \$			
	□ I do not remember how much I paid.			
	Restitution. I paid \$			
	I do not remember how much I paid.			
	Other fines or fees ordered. I paid \$			
	Specify types of fines or fees:			
	□ I do not remember how much I paid.			
	I do not know/remember what types of fees I paid.			
	Total amount paid \$;			
DOCUMENTA	TION: (Check the box that applies to you.)			
🗆 I have	attached receipts or other papers showing what I pa	id.		
I do not have receipts or other papers showing what I paid.				
THEREFORE, I ask the court to order the Commonwealth to return the money I paid.				
I understand the penalties for perjury and I swear that the above statements are true to the best of my				
knowledge.				
SIGNATURE:				

	PRINT NAME:	ADDRESS:	PHONE NUMBER:	
FOR C	LERK-MAGISTRATE'S USE (	ONLY:		
	1. The clerk's office has printed and attached to this motion the handwritten Docket Sheet;			
	<b>2.</b> The clerk's office has transmitted this motion, with attachments, to the Trial Court's Fiscal			
	Department to retrieve all financial data related to fees paid by this claimant (e.g. MassCourts Criminal			
	Case Summary, MassCourts Financial Case Summary, MassCourts Financial Docket Summary,			
	MassCourts View Case Re	eceipts); Date:		
	Upon Receipt of Docume	nts from the Fiscal Department:		
	<b>3.</b> <u>The Clerk's office has attached to this motion all documents, if any, received from the Trial Court's</u>			
	Fiscal Department;			
	4. The Clerk's office has transmitted this motion, with all attachments, to the District Attorney's or			
	Attorney General's Office for a response to be filed within 30 days; and			
	5. The Clerk's office has transmitted a copy of this motion, where practicable, to			
		, the attorney who represented the defend	lant in the underlying case; and	
	6. The Clerk's office has provided the defendant with one complete copy of this motion (including all			
attachments). The defendant may file any response within the deadline provided below.				
DATE:// C		CLERK-MAGISTRATE OR DESIGNEE SIGNATURE	: RESPONSES DUE ON:	

FOR JUDGE'S USE ONLY:					
DECISION AND ORDER ON THE MOTION					
This N	Notion is (specify details below):				
	Allowed in whole.				
	Allowed, in part, for the following reasons:				
	The Commonwealth is ordered to return \$	, monies paid for(specific type(s) of			
	exaction) to the defendant;				
	\$, monies paid for	(specific type(s) of exaction) are excluded due to the			
	following surviving conviction(s):				
THEREFORE, THE COMMONWEALTH IS ORDERED TO PAY THE DEFENDANT \$					
	Denied for the following reasons:				
		·			
	To be marked up for a hearing, notice to issue to the parties.				
	JUDGE'S SIGNATURE:				
		DATE SIGNED://			