

**NOTICE OF REFUND
COMPLAINT TICKET PAYMENT**

JD-CR-65 Rev. 3-07

STATE OF CONNECTICUT
SUPERIOR COURT
CENTRALIZED INFRACTIONS BUREAU
P.O. BOX 5044, HARTFORD, CT 06102-5044
Telephone: (860) 263-2750



To (Person who made payment)			Date
Complaint ticket number	Name of defendant (if different from above)	Amount of enclosed check	Check number

You are entitled to a refund in the amount shown above for the following reason:

- ☐ You have overpaid the amount due which was \$ _____. The amount paid was _____.
- ☐ This payment is a duplicate payment.
- ☐ This case has been transferred to the court indicated below, therefore **payment cannot be accepted at the Centralized Infractions Bureau. Payments can only be applied to this case at the court. The defendant must contact the court directly to resolve the matter.**

Name and address of court (Number, street, town and zip code)	
G.A. No.	
Telephone (Area code first)	

☐ Other: