

Blake Refund Bureau Refund Application

Apply for your refund online at www.courts.wa.gov/blakerefund for tracking and expedited processing.

1 Personal Information

Complete the following section completely. Incomplete requests and missing documents will delay our ability to respond to your request. If your name has changed from the time of your conviction, please attach documentation addressing your name change.

*Fields marked with an asterisk are required.

First Name*	Middle Name	Last Name*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address*		Date of Birth (Month, Date, Year)*	
<input type="text"/>		<input type="text"/>	
City*	State*	Zip Code*	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number*	Alternative Phone Number		Preferred Method of Contact*
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> Email
Court(s) of Conviction and Case Numbers*			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			

If you are submitting this form on behalf of someone else, provide your information below:

First Name*	Middle Name	Last Name*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address*		Date of Birth (Month, Date, Year)*	
<input type="text"/>		<input type="text"/>	
City*	State*	Zip Code*	Phone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Proof of Identity

Attach a copy of your proof of identity such as a government-issued ID. If your name is different on your application from your court case, please provide proof of name change. If you have a different address than which appears on your driver's license and court case, please provide additional identifying information, such as a power bill, that has the address where you would like the refund to be sent to. If applying on behalf of someone else, please provide legal documentation for your authorization to do so and include a copy of your personal government-issued identification.

3 Declaration of Truth

☐ I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this application are true and correct.

Signature (Print first, then manually sign in blue ink before mailing)*

Date*

Please send application and proof of identity to:

Administrative Office of the Courts
Attention: Blake Refund Program
P.O. Box 41170
Olympia, WA 98504-1170



Questions?
Call 360.704.1913



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