

[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Law Firm Name]
[Attorney Name]
[Address]
[City, State, Zip Code]

RE: Request for Refund of Overpaid Legal Fees

Client ID / Case Number: [Your Case Number]

Dear [Attorney Name or Billing Department],

I am writing to formally request a refund for an overpayment made on my account regarding the legal services provided for [Brief Description of Case/Matter].

According to my records and the most recent billing statement dated [Date of Statement], there is a credit balance of \$[Amount] on my account. This overpayment occurred due to [Reason, e.g., an overestimation of the retainer / a duplicate payment / the final bill being less than the amount deposited].

Please issue a refund check for the total amount of \$[Amount] to the address listed above. I would appreciate receiving this refund within [Number, e.g., 14] business days.

If you believe my calculations are incorrect or if you require additional documentation, please contact me immediately at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]