

EXPLANATORY NOTES

APPLICATION FOR THE REIMBURSEMENT OF JUDICIAL FEES OR COURT FEES (SJ-1010A)

The form “Application for the reimbursement of judicial fees or court fees” is used to apply for the reimbursement of judicial fees or court fees.

For further information, as well as the contact information for courthouses in the province of Québec, consult the [list of courthouses](#) on the website of the ministère de la Justice.

TYPES OF FORMS

This form is available in dynamic PDF format, meaning the form can be downloaded from www.justice.gouv.qc.ca and completed directly on screen.

- Dynamic PDF:

After completing the form, you must print it on letter-sized paper, i.e. 8.5 inches by 11 inches (215.9 mm by 279.4 mm). Be sure to set your printer to this paper size.

- Paper:

If you complete the form by hand, please write legibly in block letters.

PROCEDURE

Once the form is completed, keep a copy for your files. You must then file the form with the clerk of the appropriate court.

Before completing the form, make sure that your application meets one of the admissibility criteria listed. Also make sure that the required supporting documents are attached. In every case, the document on which the proof of payment is affixed must be attached. An incomplete application will be returned.

Please take note that the fact that a proceeding was filed needlessly or not followed up on by the court, that the proceeding was discontinued or that a settlement was reached between the parties (except as regards hearing fees in certain circumstances) are not valid grounds for reimbursement.

APPLICATION FOR THE REIMBURSEMENT OF JUDICIAL FEES OR COURT FEES

Court file No.		AT@C reference No.	(Court office use only)
IDENTIFICATION OF APPLICANT (block letters)			
Name of applicant		Area code	Tel. No.
Address		City, town or municipality	
		Postal code	
DESCRIPTION OF APPLICATION FOR REIMBURSEMENT (admissibility criteria)			Amount claimed
1 <input type="checkbox"/> No judicial or court fees exigible according to the tariff. Explanations:			\$
2 <input type="checkbox"/> Error in determining the judicial or court fees		Amount paid \$	Minus: Amount to be paid \$
3 Exemption from payment <input type="checkbox"/> (a) Legal aid mandate <input type="checkbox"/> (b) Social assistance or social solidarity recipient (Small Claims Division only)			\$
4 <input type="checkbox"/> Non-solemnization of a civil marriage or civil union. Enter total amount including taxes.			\$
5 <input type="checkbox"/> (a) Court order to reimburse the judicial or court fees. <input type="checkbox"/> (b) Decision of clerk or court to refuse an application to the Small Claims Division.			\$
6 Amount paid in excess or twice <input type="checkbox"/> (a) Amount of deposit paid exceeds actual fee. <input type="checkbox"/> (b) Reduced monetary class of action following the filing of an amended proceeding.		Amount paid \$	Minus: Amount to be paid \$
<input type="checkbox"/> (c) Fees collected twice for the same proceeding.			
7 Hearing fees <input type="checkbox"/> (a) Discontinuance or notice of settlement filed more than 45 days before the trial.			\$
<input type="checkbox"/> (b) Exemption from payment (partial or total) granted by court.		Amount paid \$	Minus: Amount to be paid \$
Signature of applicant		Date	
		Year	Month
		Day	

FOR USE ONLY BY PERSONNEL OF THE MINISTÈRE DE LA JUSTICE			
Recommendation of clerk			Amount authorized
Reimbursement		Explanations	
<input type="checkbox"/> Total or partial reimbursement authorized <input type="checkbox"/> Refused			
		\$	
Made by (block letters)	Signature		Year Month Day
Manager's decision			
By virtue of the powers vested in me in keeping with the register of financial management designations;			
<input type="checkbox"/> I authorize the reimbursement <input type="checkbox"/> I refuse the reimbursement			
Authorized manager (block letters)	Signature		Year Month Day
Financial services – Computer services correction			
<input type="checkbox"/> Correction "C" REMB	Made by (block letters)	Signature	
		Year Month Day	
DSG USE ONLY			
Verified by	Date		Acomba entry by
	Year	Month	Day
	Year Month Day		