

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in **red***); otherwise, your request may be denied and require resubmission.
- The information for the required receipt fields can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name*:

2. Your Email Address*:

3. Receipt Agency Tracking ID for Refund*:

4. Transaction Date for Refund*:

5. Transaction Amount to be Refunded*:

6. Receipt Agency Tracking ID for Correct Receipt Number on Docket*:

7. Your Phone Number:

8. Full Case Number (if applicable):

10. Reason for Refund Request*: Explain in detail what happened to cause duplicate charges, no fee required, etc.

- Duplicate Charge No Fee Required for Filing Other

9. Fee Type:*

- Attorney Admission
- Civil Case Filing
- Audio Recording
- Notice of Appeal
- Pro Hac Vice
- Writ of Habeas Corpus
- Other: _____

*If you paid a filing fee using an abandoned case number, note that case number here and e-file the refund request in the **open** case.*

✓ **Efile this form: OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments.

Assistance: Contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday - Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	
Pay.gov refund tracking ID refunded:	
Date refund processed:	
Request approved/denied by:	
Agency refund tracking ID number:	
Refund processed by:	
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	