

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.
- In fields 3-6, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:*	7. Your Phone Number:												
2. Your Email Address: *	8. Full Case Number (if applicable):												
3. Receipt Agency Tracking ID:*	<table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"></td> <td><input type="checkbox"/> Attorney Admission</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Civil Case Filing</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Audio Recording</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Notice of Appeal</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Pro Hac Vice</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Writ of Habeas Corpus</td> </tr> </table>		<input type="checkbox"/> Attorney Admission		<input type="checkbox"/> Civil Case Filing		<input type="checkbox"/> Audio Recording		<input type="checkbox"/> Notice of Appeal		<input type="checkbox"/> Pro Hac Vice		<input type="checkbox"/> Writ of Habeas Corpus
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		<input type="checkbox"/> Audio Recording											
	<input type="checkbox"/> Notice of Appeal												
	<input type="checkbox"/> Pro Hac Vice												
	<input type="checkbox"/> Writ of Habeas Corpus												
4. Transaction Date:*													
5. Transaction Time:*													
6. Transaction Amount (Amount to be refunded):*													
9. Fee Type:*													
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> ▪ For a duplicate charge, provide the correct receipt number in this field. ▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). 													

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

View detailed instructions at: cand.uscourts.gov/ecf/payments. For 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:	Request approved/denied by:
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number:
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	