

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.

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

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

View detailed instructions at: [cand.uscourts.gov/ecf/payments](http://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto: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: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	