

## **Instructions for completing the Application for Refund Form**

Complete Questions 1 through 4 and include the **Case Caption** on the top left of parenthesis.

1. A. Fill in the amount of the refund and the party name include if plaintiff or defendant.  
B. Fill in the Civil Action No.  
C. Fill in the reason for request.
2. The payment Agency Tracking ID will be found on your electronic receipt from Pay.gov or your Notice of Electronic Filing (NEF) email as the Receipt Number.

Transaction Date is the date of charge.

3. Check the type of credit card used for payment.
4. Fill in credit card number and expiration date.  
Confirmation email - (Anyone who is responsible for your accounting may also receive this email)  
Signature - **MUST** be of Attorney of record that is on the document for refund.  
Enter complete address and phone number.

## **Instructions for CM/ECF submission of Application for Refund Form**

- From the Civil Tool Bar
- Go to **Other Filings** - Select **Other Documents**
- From the Drop Down Menu Select - **Application for Refund (To be filed at 2:07-mc-203)**
- Follow screen instructions

**You will receive a Confirmation Email once the Refund has been successfully processed.**

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF PENNSYLVANIA**

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**Misc No. 07-203**

**Application for Refund of Fees  
Paid Electronically Through Pay.Gov**

I, the undersigned petitioner, under penalty of perjury under the laws of the United States of America, declare (or certify, verify or state) that the following statements and information are true and correct:

I understand I should contact the United States District Court, Western District of Pennsylvania for a refund and do not contact my credit card company for a refund.

**1. Please complete the application below:**

**A.** I am petitioning to receive the total amount of \$\_\_\_\_\_, which is the sum of the overpayment of filing fee for the document filed in the above-named case on behalf of:

\_\_\_\_\_  
\_\_\_\_\_.

**B.** Civil Action No. \_\_\_\_\_

**C.** Reason for Request \_\_\_\_\_  
\_\_\_\_\_.

**2.** Payment Agency Tracking ID: \_\_\_\_\_, Transaction Date: \_\_\_\_\_.  
(Payment Agency Tracking ID number is located on your confirmation email from Pay.gov or your NEF email as the Receipt number)

**3. Please indicate which credit card was used to issue a refund:**

- American Express
- Diners Club
- Discover
- Master Card
- Visa

**4.** Card number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Date of Request: \_\_\_\_\_

Email Address \_\_\_\_\_  
(Your confirmation Email for refund will be sent to this address)

Signature: \_\_\_\_\_

Name of Applicant (Please type or print) \_\_\_\_\_

Complete Address of Applicant and Phone Number (Please type or print)

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