

Reset Form

CAND Pay.gov Application for Refund (rev. 5/17)

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 3-7, 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:* James Zahradka	8. Your Phone Number: (510) 879-1247
2. Your Email Address: * james.zahradka@doj.ca.gov	9. Full Case Number (if applicable): 3:19-cv-00872-EDL
3. Pay.gov Tracking ID Number:* 26FGOHCE	10. Fee Type:* <ul style="list-style-type: none"> <input type="checkbox"/> Attorney Admission <input checked="" type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
4. Agency Tracking ID Number:* 0971- 13100723	
5. Transaction Date:* 02/18/2019	
6. Transaction Time:* 7:36 pm	
7. Transaction Amount (Amount to be refunded):* \$ 400.00	
11. 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 Pay.gov and Agency Tracking numbers 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). <p>This is a duplicate charge for opening this case which we incurred accidentally when there appeared to be a glitch in the initial attempt to file. Correct info: Pay.gov Tracking ID: 26FGOHJ5 Agency Tracking ID: 0971-13100729</p>	

✓ **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: <u>0971-</u>
Date refund processed:	Refund processed by:
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	