



UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF WEST VIRGINIA

APPLICATION FOR REFUND OF FEES PAID ELECTRONICALLY

Applicant Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Phone: _____ Email: _____

Payment Information

Case Number: _____ Filer: _____

Pay.gov Tracking #: _____ Agency Tracking #: _____

Transaction Date: _____ Transaction Time: _____

Payment Amount: _____ Purpose of Payment: _____
To be refunded

Explanation For Refund Request

Certification and Signature

The above request for refunds is made pursuant to this Court's Standing Order; case number 5:14mc39, permitting the refund of erroneous fee payments. I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Enter on CM/ECF using Motions >Application for Refund of Fees Paid Electronically