Reset Form

CAND Pay.gov Application for Refund (rev. 2/2023)

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:* Simon S. Grille	**7. Your Phone Number:** (415) 981-4800
2. Your Email Address: * sgrille@girardsharp.com	**8. Full Case Number (if applicable):** 3:24-cv-04840
3. Receipt Agency Tracking ID:* ACANDC-19703607	**9. Fee Type:*** ☐ **Attorney Admission** ☑ **Civil Case Filing** ☐ **Audio Recording** ☐ **Notice of Appeal** ☐ **Pro Hac Vice** ☐ **Writ of Habeas Corpus**
4. Transaction Date:* 08/07/2024	
5. Transaction Time:* 8:24 pm	
6. Transaction Amount (Amount to be refunded):* $ 405.00	

10. Reason for Refund Request:* *Explain in detail what happened to cause duplicate charges or no fee required.*

- *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).*

On 8/7/2024, we filed the Petition to Vacate Arbitration Award and paid the $405.00 filing fee: Agency Tracking ID, BCANDC-19703607, Pay.gov Tracking ID: 27GO69KH. A duplicate charge of $405.00 was added to our credit card the same day, 8/7/2024, Agency Tracking ID: ACANDC-19703607, Pay.gov Tracking ID: 27GO698K. Thank you.

✓ ***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: ☐ Approved ☐ Denied ☐ 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):	