

**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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