



UNITED STATES DISTRICT COURT
Western District of 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

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

Transaction Date: _____ Transaction Time: _____

Payment Amount: _____ Case Number: _____
To be refunded

Purpose of Payment: _____

Explanation for Refund Request

Certification and Signature

I certify that my answers are true and complete to the best of my knowledge. I also understand that I may be subject to criminal penalties including fines, imprisonment or both if I knowingly submit, or cause to submit, a false or fraudulent request for refund.

Signature: _____ Date: _____

Clerk's Office Use Only

Approved Denied

Signature: _____ Date: _____