

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF LOUISIANA
REQUEST FOR REFUND (USBC-LAWB 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:*	8. Full Case Number (If applicable):
2. Your Email:*	9. ECF Document Number (If applicable):
3. Your Phone Number:*	Internal Use Only:
4. Transaction Date:*	
5. Transaction Time:*	
6. Transaction Amount (Amount to be refunded):*	
7. 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 receipt number that appears on the docket 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).	

✓ **Efile this form using ACTION UPON A CASE → OTHER BK DOCUMENTS → REQUEST FOR REFUND**

View detailed instructions at: www.lawb.uscourts.gov/forms/reques-refund-usbc-lawb-pay.gov. For assistance, contact the Financial Department of the Clerk's Office at 1-866-721-2105, Monday - Friday 8:00 a.m.-5:00 p.m.

FOR U.S. BANKRUPTCY COURT FINANCIAL DEPARTMENT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied (see reason for denial)
Approval/denial date:	Request approved/denied by:
Date refund processed:	Refund processed by:
Reason for denial:	
Referred for Order for Show Cause date (if applicable):	