## UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA CASE NUMBER PLAINTIFF(S) v APPLICATION FOR REFUND OF FEES; **ORDER THEREON** DEFENDANT(S) Please complete all fields in Section I. If you are requesting a refund of fees paid online using pay.gov, also complete Section II. Then electronically file the completed form using the Application for Refund of Fees event in CM/ECF. **SECTION I** Reason for refund request: Name of Applicant: ☐ Duplicate payment submitted Amount Paid: Fee paid even though none was required Requested Refund Amount: \$ Overpayment of a required filing fee Document Title and Docket #: Pro hac vice application denied (order attached) Other: Transaction Date: Receipt Number: (If paid by cash/check only) **SECTION II** (Complete only if you are requesting a refund of fees paid online using pay.gov. This information can be found in the pay.gov screen receipt or confirmation email.) Account Holder Name: Pay.gov Tracking ID: Agency Tracking ID: PLEASE BE ADVISED THAT THE POLICY OF THE JUDICIAL CONFERENCE OF THE UNITED STATES GENERALLY PROHIBITS THE REFUND OF FILING FEES IN ALL BUT LIMITED CIRCUMSTANCES. (GUIDE TO JUDICIARY POLICY, VOL. 4, CHAP. 6, § 650.) For Court Use Only **Fiscal Department** Refund issued. IT IS ORDERED that the application for refund Application for refund denied: Application seeks refund of fee that was not paid. GRANTED ☐ DENIED Previous court order indicates fee is not to be refunded. Application referred to U.S. District/Magistrate Judge for ruling. United States District/Magistrate Judge Notes: