



## CM/ECF Electronic Payments Procedures Guide (9/19/2014)

Effective **September 22, 2014** secure online payment of certain court fees may be made through one of the following CM/ECF filing events, using the U.S. Treasury's Pay.gov system:

Motion to Appear Pro Hac Vice	\$100.00 per attorney
Notice of Appeal	\$505.00 per appeal
Notice of Appeal of Magistrate Judge Decision	\$ 37.00 per appeal

**NOTE:** Motions to Appear Pro Hac Vice may be submitted electronically using credit card or banking account information **or** both the motion and fee should be submitted to the appropriate divisional office.  
Notice of Appeal fees can be submitted electronically or delivered to the appropriate divisional office.

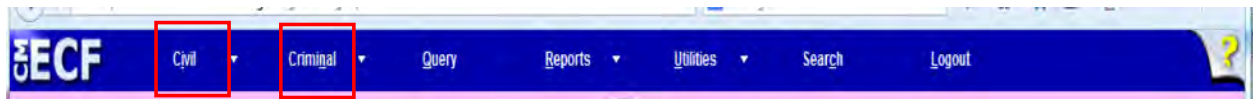
**NOTE:** All other court fees, such as civil case opening fees, criminal debt payments for fines, restitution and special assessment, copy fees, search fees, etc. must be made at the Clerk's office either by mail, by courier or in person.

### Filing a Motion to Appear Pro Hac Vice

Prepare the Motion to Appear Pro Hac Vice in .pdf format.

Login to the CM/ECF system using your **filing** login and password.

Click the appropriate **case type** from the blue menu bar.

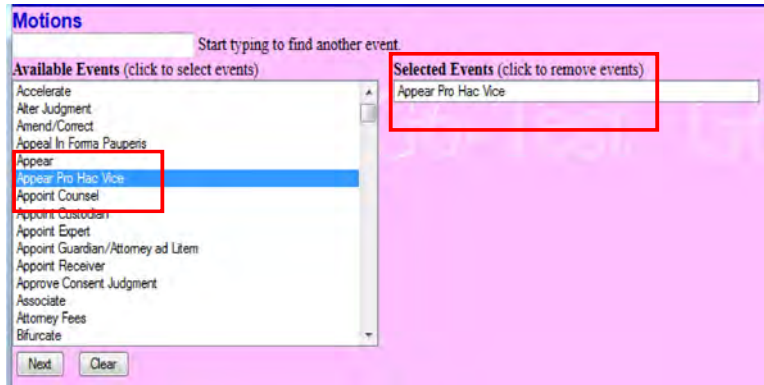


To file a motion to Appear Pro Hac Vice, select the **Motions** link from the **Motions and Related Filings** category.

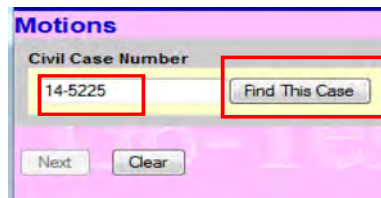


Select the appropriate **motion** type.

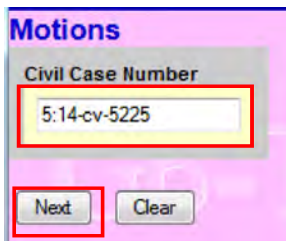
## Appear Pro Hac Vice (civil or criminal)



Enter the **case number** and click **Find This Case**.

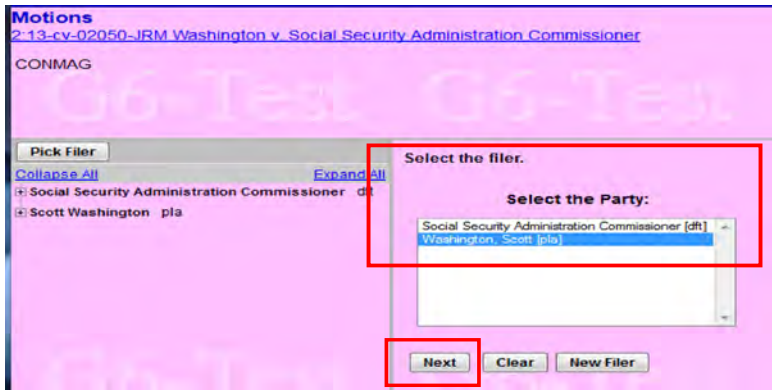


The case number will be reformatted with the appropriate **division** and **case type** codes. Click **Next**.



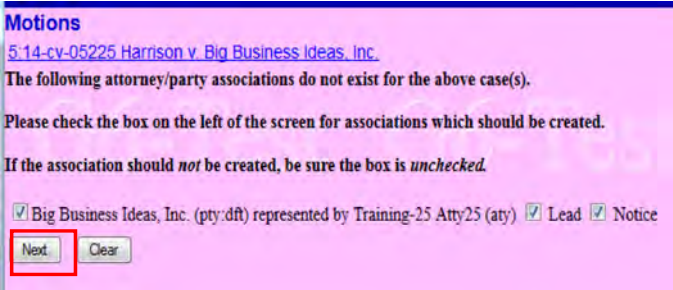
Select the party(ies) that you represent from the **Select the Filer, Select the Party** box.

**NOTE:** If all of the parties that you represent are listed together, you can click to highlight the first name in the box. Press the **Shift** key and click to select the last name. This will select the parties listed between the two names.  
If all of the parties that you represent are **not** listed together, you can click to highlight the first name in the box. Press the **Control** key and continue selecting the party names by clicking on the name.

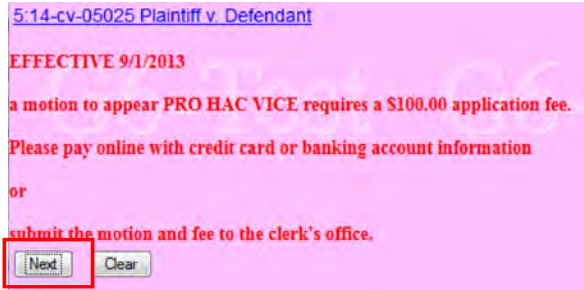


Once all the parties are properly selected, click **Next** to continue.

If this is the first time you are filing a pleading on behalf of this/these party/parties, you must associate yourself with them. Be sure the appropriate boxes are selected and click **Next** to continue.



Review the system message regarding the fee. Click **Next** to continue.



Click **Browse** to select your motion .pdf file as the main document.

**Motions**  
[5:14-cv-05225 Harrison v. Big Business Ideas, Inc.](#)  
Select the pdf document and any attachments.

**Main Document**  
Browse... No file selected.

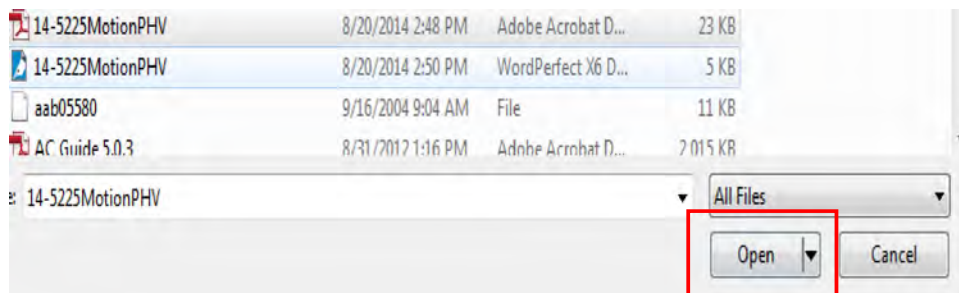
A DESCRIPTION MUST BE ENTERED FOR EACH ATTACHMENT ADDED. (Contract, Return Receipt, etc.)  
You may select a category, but it is not required.  
DO NOT ATTACH PROPOSED ORDERS - SEND TO CHAMBERS BY EMAIL!

Attachments	Category	Description
1. Browse... No file selected.		

Next Clear

Navigate to the appropriate file location. **Right click** and **open** the document and **review** it in its entirety before uploading to the CM/ECF system.

Right click  
and view  
BEFORE  
uploading



Once you have determined that it is the correct .pdf file, click the **Open** button to post the document to the event entry.

**Motions**  
[5:14-cv-05225 Harrison v. Big Business Ideas, Inc.](#)  
Select the pdf document and any attachments.

**Main Document**  
Browse... 14-5225MotionPHV.pdf

Click the **Browse** button in the **Attachments** section to upload any .pdf attachments/exhibits. Once attached, select a category and/or enter a description. Once all attachments have been uploaded, click **Next** to continue.

**Motions**  
[5:14-cv-05225 Harrison v. Big Business Ideas, Inc.](#)  
 Select the pdf document and any attachments.

**Main Document**  
 14-5225MotionPHV.pdf

**A DESCRIPTION MUST BE ENTERED FOR EACH ATTACHMENT ADDED. (Contract, Return Receipt, etc.)**  
 You may select a category, but it is not required.

**DO NOT ATTACH PROPOSED ORDERS - SEND TO CHAMBERS BY EMAIL!**

Attachments	Category	Description
1. <input type="button" value="Browse..."/> 14-5225CertofGoodStand.pdf	<input type="text" value="Certificate of Good Standing"/>	<input type="button" value="Remove"/>
2. <input type="button" value="Browse..."/> No file selected.	<input type="text" value=""/>	<input type="button" value="Remove"/>

Enter the name of the attorney seeking pro hac vice admission in the prompt box. Click **Next** to continue.

**Motions**  
[2:13-cv-02050-JRM Washington v. Social Security Administration Commissioner](#)  
 CONMAG

Enter the name of attorney seeking admission pro hac vice:

A system message regarding the fee amount displays. Click **Next** to continue.

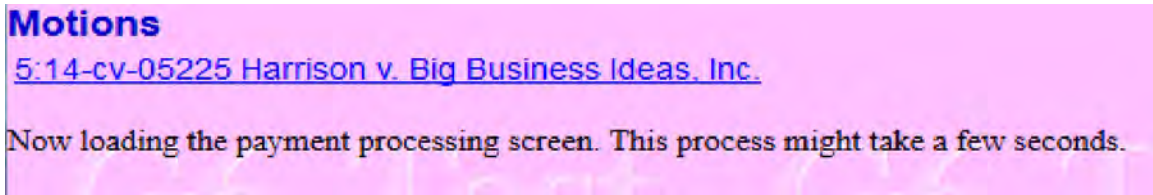
**Motions**  
[5:14-cv-05225 Harrison v. Big Business Ideas, Inc.](#)  
 Fee: \$100

**NOTE:** If the filing attorney has not been given access to make internet payments, the system will advance to the docket text screen, which will include a notation that the fee has been paid, although a transaction has **not** been posted. **DO NOT CONTINUE DOCKETING THIS TRANSACTION!** Contact the CM/ECF Help desk or the appropriate divisional office for assistance.

Docket Text: Modify as Appropriate.

▼ MOTION for Attorney(s) ATTORNEY 12 to be Admitted Pro Hac Vice (paid \$ 100 PHV fee) by Big Business Ideas, Inc..  
 (Atty15, Training-15)

A system message regarding wait time will display.



The system will automatically advance to the payment screen, once the loading process is complete. The filer will be temporarily redirected to the Pay.gov site for payment submission.

**NOTE:** Avoid using your browser back button. This may lead to incomplete data being transmitted and pages being loaded incorrectly. Use the links provided on the screens whenever possible.

The filing user will be able to enter either **ACH** or **Credit Card** information on the payment screen.

All fields marked with a red asterisk (\*) are required fields.

If you are paying the required fee with an ACH (Automated Clearing House) payment, enter the appropriate information from your personal or business checking or savings account. Review the information for accuracy. If correct, click **Continue with ACH Payment** to advance to the next screen to complete the payment transaction.

ACH input fields



If you are making an ACH payment, you **must** agree to the terms set out in the **Authorization and Disclosure** document provided.

**NOTE:** The Authorization and Disclosure document can be viewed in a separate window and can be printed for your records.

Online Payment [Return to your originating application](#)

**Step 2: Authorize Payment** 1 | 2

Payment Summary [Edit this information](#)

Account Holder Name: Training-25 Atty25  
Payment Amount: \$100.00  
Account Type: Business Checking  
Routing Number: 042000424  
Account Number: \*\*\*\*\*7456  
Check Number: 1234  
Payment Date: 08/22/2014

**Email Confirmation Receipt**  
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.  
Email Address: atty25@lawfirm.com  
Confirm Email Address: atty25@lawfirm.com  
atty25asst@lawfirm.com,  
CC: atty25sec@lawfirm.com  
Separate multiple email addresses with a comma

**Authorization and Disclosure**  
Required fields are indicated with a red asterisk \*  
I agree to the authorization and disclosure language.  \*  
Authorization and Disclosure--Consumers and Businesses  
The debit transaction(s) to which you are agreeing are handled on behalf of Federal agencies by "Pay.gov," which consists of services offered by the U.S. Treasury Department's Bureau of the Fiscal Service. As used in this document, "we" or "us" refers to the Bureau of the Fiscal Service and its agents and contractors operating Pay.gov. "You" refers to the end-user reading this document and agreeing to it prior to engaging in a debit transaction.  
I. Consumers  
A. Authorization  
You acknowledge that you have read and understand the consumer disclosure language and authorize the Federal Reserve Bank of Cleveland to debit the named financial institution account. This authorization is to remain in full force and effect until we have received notification of its termination in such time and in such manner as to afford Pay.gov a reasonable opportunity to act on it, or unless otherwise terminated for any reason by Pay.gov.  
B. Disclosure  
[View Authorization and Disclosure in a separate window.](#)

If you are paying the required fee with a credit card (Visa, MasterCard, Discover and American Express are accepted), scroll to the bottom portion of the payment screen.

Pay Via Plastic Card (PC) (ex: American Express, Discover, Mastercard, VISA)

Required fields are indicated with a red asterisk \*

Account Holder Name: Training-25 Atty25 \*  
Payment Amount: \$100.00  
Billing Address: 123 Main Street \*  
Billing Address 2:  
City:  
State / Province:  
Zip / Postal Code: 72222  
Country: United States \*  
Card Type: \*  
Card Number: \* (Card number value should not contain spaces or dashes)  
Security Code: \* [Help finding your security code](#)  
Expiration Date: \* / \*  
Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

**Note:** Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

## Credit Card Input Fields

Enter all of the appropriate information. Review the information for accuracy. If correct, click **Continue with Plastic Card Payment** to advance to the next screen to complete the payment transaction.

When you advance to the **Authorize Payment** screen, review the payment information.

For credit card payments, you must check the box to **authorize the charge to your card**.

Online Payment [Return to your originating application](#)  
Step 2: Authorize Payment 1 | 2  
Payment Summary [Edit this information](#)

Address Information	Account Information	Payment Information
Account Holder Name: Training-25 Atty25 Billing Address: 123 Main Street Billing Address 2: City: State / Province: Zip / Postal Code: 72222 Country: USA	Card Type: Visa Card Number: *****1111	Payment Amount: \$100.00 Transaction Date and Time: 08/20/2014 16:14 EDT

**Email Confirmation Receipt**  
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address: atty25@lawfirm.com  
Confirm Email Address: atty25@lawfirm.com  
atty25asst@lawfirm.com,  
CC: atty25sec@lawfirm.com  
Separate multiple email addresses with a comma

**Authorization and Disclosure**  
Required fields are indicated with a red asterisk \*

I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.  \*

Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

For either payment type, you can receive an **Email Confirmation Receipt** by typing the appropriate email address in the boxes provided. Multiple email addresses can be added in the **CC:** box. These additional email addresses should be separated by commas.

**NOTE:** You can enter the email address of your financial or accounting department, or office manager, etc. Only the primary email address entered is confirmed.

A payment processing screen displays momentarily and then the user is redirected to CM/ECF. The **docket text** displays with the **fee amount** and **receipt number**.

**Motions**  
[5:14-cv-05225 Harrison v. Big Business Ideas, Inc.](#)

Docket Text: Modify as Appropriate.

MOTION for Attorney(s) ATTORNEY 25 to be Admitted Pro Hac Vice paid \$ 100 PHV fee; receipt number  
0861-181418) by Big Business Ideas, Inc.. (Attachments: # (1) Certificate of Good Standing) (Atty25, Training-25)



Modify the docket text, if appropriate, and click **Next** to continue.

Review the docket text, the redaction message and document selection. If correct, click **Next** to complete the transaction.

**Motions**  
5:14-cv-05225 Harrison v. Big Business Ideas, Inc.

Docket Text: Final Text  
**MOTION for Attorney(s) ATTORNEY 25 to be Admitted Pro Hac Vice ( paid \$ 100 PHV fee; receipt number 0861-181418) by Big Business Ideas, Inc.. (Attachments: # (1) Certificate of Good Standing)(Atty25, Training-25)**

**Attention!!** Pressing the **NEXT** button on this screen commits this transaction. You will have no further opportunity to modify this transaction if you continue.  
**Have you redacted?**

Source Document Path (for confirmation only):  
4-5225MotionPHV.pdf pages: 1  
4-5225CertofGoodStand.pdf pages: 1

Print the **Notice of Electronic Filing (NEF)** for your records.

**Motions**  
5:14-cv-05225 Harrison v. Big Business Ideas, Inc.

U. S. District Court  
Western District of Arkansas

**Notice of Electronic Filing**

The following transaction was entered by Atty25, Training-25 on 8/20/2014 at 3:19 PM CDT and filed on 8/20/2014

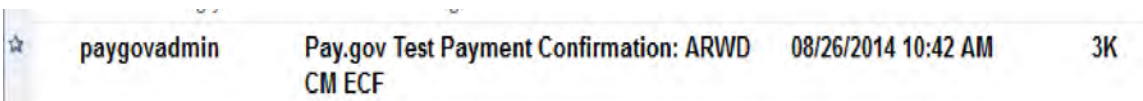
Case Name: Harrison v. Big Business Ideas, Inc.  
Case Number: 5:14-cv-05225  
Filer: Big Business Ideas, Inc.  
Document Number: 3

Docket Text:  
**MOTION for Attorney(s) ATTORNEY 25 to be Admitted Pro Hac Vice ( paid \$ 100 PHV fee; receipt number 0861-181418) by Big Business Ideas, Inc.. (Attachments: # (1) Certificate of Good Standing)(Atty25, Training-25)**

5:14-cv-05225 Notice has been electronically mailed to:  
Training-10 Atty10 atty10@lawfirm.com, atty10asst@lawfirm.com  
Training-15 Atty15 atty15@lawfirm.com, atty15sec@lawfirm.com  
Training-25 Atty25 attorney25@lawfirm.com, atty25asst@lawfirm.com, atty25sec@lawfirm.com

5:14-cv-05225 Notice has been delivered by other means to:  
The following document(s) are associated with this transaction:  
Document description: Main Document  
Original filename: n/a  
Electronic document Stamp:  
[STAMP docStamp\_ID=1094675213 [Date=8/20/2014] [FileNumber=124455-0]  
[6bf06a3052d9d9c375bae8f3f5a0a0242a40586717713417e51e250d3b14c16aaa2  
54690262d33529dec274a24e566394bec3247f62a06bef928fb5a14186f]]  
Document description: Certificate of Good Standing  
Original filename: n/a  
Electronic document Stamp:  
[STAMP docStamp\_ID=1094675213 [Date=8/20/2014] [FileNumber=124455-11

If the attorney has been properly associated with the party/case, an NEF will be delivered to your **email account inbox**. Any email address listed on the **Email Confirmation Receipt** screen will also receive an email from Pay.gov.



Open the email to display the receipt.

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact ARWD CMECF Helpdesk at (866) 540-5066.

Application Name: ARWD CM ECF  
Pay.gov Tracking ID: 3FOQ9CQO  
Agency Tracking ID: 0861-181543  
Transaction Type: Sale  
Transaction Date: Aug 26, 2014 11:44:05 AM

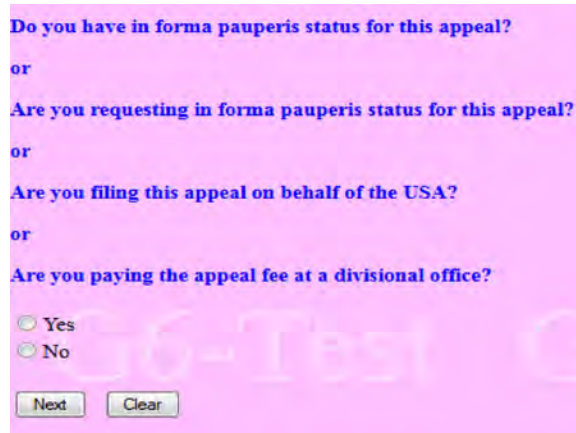
Account Holder Name: Training-25 Atty25  
Transaction Amount: \$100.00  
Billing Address: 123 Main Street  
Zip/Postal Code: 72222  
Country: USA  
Card Type: Discover  
Card Number: \*\*\*\*\*1117

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

**NOTE:** Since the case number is **not** included in the receipt information, for audit and/or reconciliation purposes, it is recommended that the case number be handwritten on the receipt or the NEF attached.

### Notice of Appeal

When filing a **Notice of Appeal**, prior to accessing the payment screens, a system message regarding **in forma pauperis status, USA filer and payments at a divisional office** displays.



Do you have in forma pauperis status for this appeal?  
or  
Are you requesting in forma pauperis status for this appeal?  
or  
Are you filing this appeal on behalf of the USA?  
or  
Are you paying the appeal fee at a divisional office?

Yes  
 No

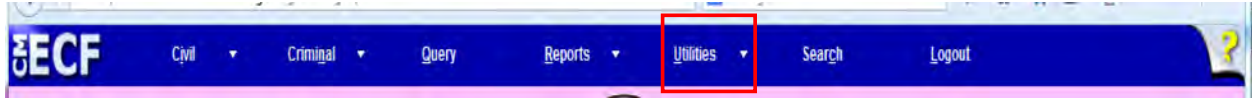
Next Clear

If you answer **yes**, you will be able to advance to final docket text without submitting payment information.

If you answer **no**, you will advance to fee and payment screens similar to those shown above for a pro hac vice motion.

## Internet Payment Report

To view the **Internet payment transactions** that have been made by a filing user, access the **Utilities** menu option using your CM/ECF **filer** information.



Select **Internet Payment History** from the **Miscellaneous** menu list.



Review your internet payment transactions.

U. S. District Court  
Western District of Arkansas  
Internet Payment History for Atty25, Training-25  
7/25/2014 to 8/25/2014

Case no.	Date Paid	Description	Payment Method	Receipt #	Amount
<a href="#">5:13-cv-05015-JLH</a>	2014-08-18 16:12:22	Notice of Appeal- Credit Card Test(5:13-cv-05015-JLH) [appeal noavvn] ( 505.00)	CreditCard	0861-181328	\$ 505.00
<a href="#">5:14-cv-05125</a>	2014-08-19 14:40:49	Motion to Appear Pro Hac Vice(5:14-cv-05125) [motion apprphv] ( 100.00)	DirectDebit	0861-181386	\$ 100.00
<a href="#">5:14-cv-05225</a>	2014-08-20 15:18:05	Motion to Appear Pro Hac Vice(5:14-cv-05225) [motion apprphv] ( 100.00)	CreditCard	0861-181418	\$ 100.00
<a href="#">5:14-cv-05225</a>	2014-08-20 15:28:57	Motion to Appear Pro Hac Vice(5:14-cv-05225) [motion apprphv] ( 100.00)	DirectDebit	0861-181420	\$ 100.00

If any discrepancies appear on the report, please contact the CM/ECF Help Desk at (866) 540-5066 for assistance.

## Refund of Fees Paid Electronically

Fees that are erroneously paid using the Pay.gov system can be refunded pursuant to the following guidelines:

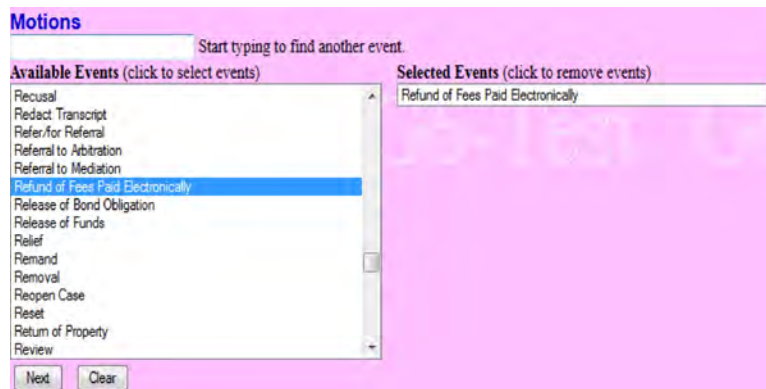
1. Duplicate payments, *i.e.*, those where the payor has inadvertently paid the fee more than once in the same case, resulting in two or more identical credit card or ACH charges; or
2. Erroneous payments, *i.e.*, those where the payor has inadvertently paid a fee in the wrong case; or when a fee is paid and no fee was due.

(Please see **General Order 45** for the Court's Refund Policy.)( Attachment A)

To request a refund, complete the **Application for Refund of Fees Paid Electronically** form (Attachment B) and save the Application in .pdf format.

**NOTE:** Only the screens specific to the **Refund of Fees Paid Electronically** event are captured in this section.

Select the Motion type **Refund of Fees Paid Electronically**.



Motions

Start typing to find another event.

Available Events (click to select events)

- Recusal
- Redact Transcript
- Refer for Referral
- Referral to Arbitration
- Referral to Mediation
- Refund of Fees Paid Electronically**
- Release of Bond Obligation
- Release of Funds
- Relief
- Remand
- Removal
- Reopen Case
- Reset
- Return of Property
- Review

Selected Events (click to remove events)

- Refund of Fees Paid Electronically

Next Clear

After you select the filer, a system message reminds you to have you payment confirmation information.

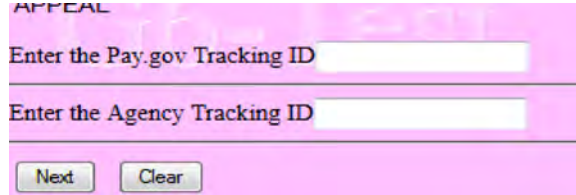


You must have your Pay.gov Payment Confirmation to complete this request!

Next Clear

Browse to select, review and upload the completed **Application for Refund of Fees Paid Electronically** form.

Enter the Pay.gov and Agency Tracking ID information in the prompt boxes provided.



A screenshot of a web form with a pink background. At the top, the word "APPEAL" is visible. Below it, there are two input fields. The first is labeled "Enter the Pay.gov Tracking ID" and the second is labeled "Enter the Agency Tracking ID". At the bottom of the form, there are two buttons: "Next" and "Clear".

**NOTE:** This information is located in the upper portion of the payment receipt.

Your payment has been submitted to Pay.gov and the details are below. If you have any questions or you wish to cancel this payment, please contact ARWD CMECF Helpdesk at (866) 540-5066.

Application Name: ARWD CM ECF  
Pay.gov Tracking ID: 3F0Q9CQ0  
Agency Tracking ID: 0861-181543  
~~Transaction Type: Sale~~  
Transaction Date: Aug 26, 2014 11:44:05 AM

Account Holder Name: Training-25 Atty25  
Transaction Amount: \$100.00  
Billing Address: 123 Main Street  
Zip/Postal Code: 72222  
Country: USA  
Card Type: Discover  
Card Number: \*\*\*\*\*1117

THIS IS AN AUTOMATED MESSAGE. PLEASE DO NOT REPLY.

Review the docket text, the redaction message and document selection. If correct, click **Next** to complete the transaction.

### **Ruling on a Request for Refund**

Per General Order 45, an entry will be docketed in CM/ECF indicating the action taken on the Request for Refund.

### **Request Denied**

If the request is denied, a Motion for Reconsider may be filed within seven (7) days of the entry of the denial on the docket.



**IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS**

**RE: POLICY TO REFUND ELECTRONIC PAYMENTS**

**GENERAL ORDER NO. 45**

Pursuant to the *Guide to Judiciary Policy*, Volume 4, Chapter 6 § 650, the Court hereby delegates limited refund authority to the Clerk of Court, or designee, for the refund of fees that are erroneously paid using the Department of Treasury, Financial Management Service's Pay.gov electronic payment system. Such refunds are authorized and will be processed pursuant to the following guidelines:

1. Duplicate payments, *i.e.*, those where the payor has inadvertently paid the fee more than once in the same case, resulting in two or more identical credit card or Automated Clearing House System (ACH) charges; or
2. Erroneous payments, *i.e.*, those where the payor has inadvertently paid a fee in the wrong case; or when a fee is paid and no fee was due.

The Clerk, or designee, may void an erroneous credit card or Automated Clearing House System (ACH) payment, if performed on the same date as the original transaction, prior to settlement of the charges.

In all other instances, a payor seeking a refund must file a motion or application, requesting the refund. Upon verification of the error, the Clerk, or designee, will enter an order granting, denying or referring the request to the presiding judge.

If the refund is denied, the payor may, within seven (7) days of the denial, file a motion or application to review the denial. The motion or application will be referred to the presiding judge.

Refunds for credit card payments will be processed through Pay.gov and the electronic credit card system corresponding to the credit card that was originally charged. Refund checks will not be issued for credit card refunds. The Clerk will issue a U. S. Treasury Check only if the payor's credit card is no longer valid.

Automated Clearing House System (ACH) payments cannot be refunded electronically. Automated Clearing House (ACH) refunds will be made by issuing a U. S. Treasury Check.

If an attorney or law firm makes repeated mistakes when submitting fees electronically and requesting refunds, the court will consider remedial action, such as issuing an order to show cause why further requests for refunds should be considered.

**ORDERED** this 17th day of September 2014.

US DISTRICT COURT  
WESTERN DIST ARKANSAS  
FILED

SEP 17 2014

CHRIS R. JOHNSON, Clerk  
By  
Deputy Clerk

  
\_\_\_\_\_  
HONORABLE P. K. HOLMES, III  
CHIEF UNITED STATES DISTRICT JUDGE



**UNITED STATES DISTRICT COURT**  
*Western District of Arkansas*

**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**

Case Number: \_\_\_\_\_ Filer: \_\_\_\_\_

Pay.gov Tracking #: \_\_\_\_\_ Agency Tracking #: \_\_\_\_\_

Transaction Date: \_\_\_\_\_ Transaction Time: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_  
*To be refunded*

**Explanation For Refund Request**

**Certification and Signature**

*The above request for refunds is made pursuant to this Court's General Order 45 permitting the refund of erroneous electronic fee payments. I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_