



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: _____

Tracking ID: _____

Transaction Date: _____

Payment Amount: _____

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: _____

Enter on CM/ECF using Motions->Refund of Fees Paid Electronically