



**UNITED STATES DISTRICT COURT**  
*District of Rhode Island*

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

**Explanation for Refund Request**

**Certification and Signature**

*The above request for refund is made pursuant to this Court's General Order permitting the refund of electronic filing fees. 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: \_\_\_\_\_