



UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

**APPLICATION FOR REFUND OF ERRONEOUS PAYMENTS**

Initial Application \_\_\_\_\_ Denied Application \_\_\_\_\_  
(Only check one box)

**Applicant Information:**

Full Name: \_\_\_\_\_  
Last First M.I.

Law Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
Law Firm Phone #

Address: \_\_\_\_\_  
Street (Include: Ste./Apt./Room No.) City

State Zip Code Email: \_\_\_\_\_

**Payment Information:**

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

Receipt No.: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_ Purpose of Payment: \_\_\_\_\_  
Refund Requested

**Explanation for Refund Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification and Signature**

*The above request for refund is made pursuant to the stated refund policy in this district permitting the refund of erroneous fee payments. I certify that my answers are true and complete to the best of my knowledge.*

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

Clerk's Office Only: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date: \_\_\_\_\_

*Please forward completed application to: DEDml\_Finance@ded.uscourts.gov*