

Attorney's name, bar number
Attorney's e-mail address
Firm name
Business mailing address
City, state, and 9-digit zip code
Area code and telephone number
Attorney for [Plaintiff/Defendant]

UNITED STATES DISTRICT COURT
DISTRICT OF OREGON

PLAINTIFF NAME(S),

Case No.: X:XX-cv-XXXX-XX

Plaintiff,

v.

DEFENDANT NAME(S),

REQUEST FOR REFUND OF FEES PAID
ELECTRONICALLY

Defendant.

The following filing fee refund request is made pursuant to the procedures set forth in Standing Order 2011-9 for refunding erroneous or duplicate electronic filing fee payments. The reason for and amount of the refund request are as follows: *[Insert reason and amount requested.]*

[Include refund requestor's name, address, and telephone number if different from attorney information captioned above.]

Attached hereto is supporting documentation including a copy of the electronic payment receipt and a copy of the Notice of Electronic Filing (NEF) from the system transaction in CM/ECF during which the payment was made.

Dated: _____.

Attorney name, bar number