

**REFUND REQUEST FOR FEES
PAID TO THE DISTRICT OF UTAH**

Name:

Email Address:

Card Holder (if different):

Telephone Number:

Credit Card Billing Address
or Mailing Address for
ACH Refund:

Case Number:

Date of Request:

Pay.gov Tracking ID:

Date of First Payment:

Pay.gov Tracking ID:

Date of Duplicate Payment:

Amount to be Refunded:

Reason for Request:

Duplicate Filing Fee

Filing Fee Paid in the Incorrect Case

Incorrect Payment Amount

Duplicate Annual Attorney Registration Payment

Duplicate Attorney Admission Payment

Other (Please Explain):

-----FOR INTERNAL USE ONLY-----

Finance Department Recommendation:

Action Taken:

Approved

Denied

DATE

Clerk of Court or designee