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), Plaintiff, v. DEFENDANT NAME(S), Defendant.	Case No.: X:XX-cv-XXXX-XX REQUEST FOR REFUND OF FEES PAID ELECTRONICALLY

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