



**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW HAMPSHIRE**

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**REQUEST FOR REFUND OF ERRONEOUS OR
DUPLICATE FEE PAID THROUGH CM/ECF**

FILER NAME: _____

FILER FIRM/ADDRESS: _____

Dear Clerk of Court:

On _____, I opened new civil action number _____

electronically and:

Failed to submit the case initiating document after paying a filing fee.

Erroneously paid a duplicate filing fee.

I hereby request a refund of my erroneous or duplicate fee in the amount of \$_____,
receipt number _____.

/s/ _____