



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Office of the Clerk

Penalty Processing Unit
66 John St., 10th Floor
New York, NY 10038
Telephone: 1-844-OATH-NYC (1-844-628-4692)

FORM TO REQUEST A REFUND

- Complete this form **in its entirety** to request a refund of a payment made to OATH.
- Submit this form in person or by mail to the address above.
- The form **must** be signed.
- Refunds will be made payable to the person/entity who made the original payment.
- Submission of this form does not guarantee that a refund will be issued.

Information About the Person Completing This Form

Name of Requestor: _____

Requestor's Phone Number: _____ Requestor's email: _____

Address Where Refund Check Will Be Mailed: _____

Information About the Respondent and the Summons/Notice

Name of Respondent: _____

Summons/Notice Number(s) (list additional summons/notice numbers on the back of this form): _____

_____ CAMIS Number (if applicable): _____

Information About the Refund

Check the appropriate category listed below and attach all necessary documents to support your claim. Documentation may include copies of cancelled checks, money orders, and receipts.

Duplicate payment Payment was applied to an incorrect summons/notice number Overpayment

Dismissed Paid in error. Explain: _____

Other. Explain: _____

Signature and Certification

I, [print your name] _____, certify under penalty of perjury that I am authorized to submit this request and that to the best of my knowledge all of the information I included on this form and in the attachments, if any, is true.

Your Signature: _____

Date: _____

FOR OFFICE USE ONLY (Do not write below this line)

Manager :

Date received: _____ Authorized by: _____ Refund issued: _____