CA DIR Lien Filing Fee Refund Request

Department of Industrial Relations
Office of the Director
Attn: Lien and Reconciliation Unit

RESET FORM

LIEN REFUND REQUEST FILING DIRECTION

- Complete the below form and email to: **DWCLIEN@DIR.CA.GOV.**
- Please note that filing a request for refund does not guarantee a refund.
- Lien resolution is not a basis for a refund. Lien fee reimbursement by defendant under LC 4903.07 is not a basis for a DIR refund.

Name of Payer					
Payer Street Address		Payment Confirmation No.			
City		State		Zip Code	
Payer Email		Payer Phone			
Lien Reservation Number		Lien Claimant Name			
UAN		Lien Amount			
Injured Worker Name		ADJ Number			
Payment Type	◯ Credit Card First 6 and last 4 digits of card _____ ◯ ACH	Amount of Refund			

Reason for Refund

☐ Judge or Board Order (Attach order to refund request) ☐ Resubmission ☐ System Error

☐ Fee was paid for wrong lien

Fee was paid for Lien or ADJ No. _____ ☐ same lien claimant ☐ different lien claimant

Fee was intended for Lien or ADJ No. _____

☐ No Fee Required because: ☐ Lien is not a LC § 4309(b) or cost lien ☐ Lien is exempt under LC§4903.05(7)

☐ Duplicate Payment ☐ Other _____

EXPLANATION – please provide a detailed explanation describing the reason for your refund. Please attach additional sheets as necessary for explanation and any required documents as noted above (i.e.: Judge Order, Receipt of payment, etc.)

FOR INTERNAL USE ONLY - Internal use ONLY Refund Request No. _____

Today's Date: _____