

CA DIR Lien Filing Fee Refund Request

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

DRAFT



LIEN REFUND REQUEST FILING DIRECTIONS:

- Complete the form below, save 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	<input type="checkbox"/> Judge or Board Order (Attach order to refund request) <input type="checkbox"/> Resubmission <input type="checkbox"/> System Error <input type="checkbox"/> Incorrect Lien Fee Payment - same lien claimant - Correct ADJ or Lien No. _____ <input type="checkbox"/> Incorrect Lien Fee Payment - different lien claimant - Correct ADJ or Lien No. _____ <input type="checkbox"/> Fee Required: Exempt LC § 4903(b) lien <input type="checkbox"/> No Fee Required: Not a LC § 4903(b) or cost lien <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> Other _____ EXPLANATION – please provide a detailed explanation describing the reason for your refund request. Please attach additional sheets as necessary for explanation and any required documents as noted above (i.e.: Judge Order, Receipt of payment, etc..)						