

# CA DIR Lien Filing Fee Refund Request

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



## 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	<input type="radio"/> Credit Card    First 6 and last 4 digits of card _____ <input type="radio"/> 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"/> Fee was paid for wrong lien Fee was paid for Lien or ADJ No. _____ <input type="checkbox"/> same lien claimant <input type="checkbox"/> different lien claimant Fee was intended for Lien or ADJ No. _____ <input type="checkbox"/> No Fee Required because: <input type="checkbox"/> Lien is not a LC § 4309(b) or cost lien <input type="checkbox"/> Lien is exempt under LC§4903.05(7) <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> 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.)						