

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		Amount of Refund			
<input type="radio"/> Credit Card First 6 and last 4 digits of card _____ <input type="radio"/> ACH					
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.)			