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	○ 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, Reciept of payment, etc.)

FOR INTERNAL USE ONLY - Internal use ONLY Refund Request No. _____
Today's Date: _____