



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Office of the Clerk

Penalty Processing Unit
66 John St., 10th Floor
New York, NY 10038
Telephone: 1-844-OATH-NYC (1-844-628-4692)

FORM TO REQUEST A REFUND

- Complete this form in its entirety to request a refund of a payment made to OATH. The form must be signed.
Submit this form in by e-mail at penaltyprocessing@oath.nyc.gov, in person or by mail to the address above.
Refunds will be made payable to the person/entity who made the original payment.
Must enclose proof of payment, i.e. copy of the cancelled check (front and back), copy of credit card statement/receipt and/or OATH issued payment receipt
Submission of this form does not guarantee that a refund will be issued.

Information About the Person Completing This Form

Name of Requestor:
Requestor's Phone Number: Requestor's email:
Address Where Refund Check Will Be Mailed:

Information About the Respondent and the Summons/Notice

Name of Respondent:
Summons/Notice Number(s) (list additional summons/notice numbers on the back of this form):
CAMIS Number (if applicable):

Information About the Refund

Check the appropriate category listed below and attach all necessary documents to support your claim. Documentation may include copies of cancelled checks, money orders, and receipts.

- Duplicate payment Payment was applied to an incorrect summons/notice number Overpayment
Dismissed Paid in error. Explain:
Other. Explain:

Signature and Certification

I, [print your name], certify under penalty of perjury that I am authorized to submit this request and that to the best of my knowledge all of the information I included on this form and in the attachments, if any, is true.

Your Signature: Date:

FOR OFFICE USE ONLY (Do not write below this line)

Manager :

Date received: Authorized by: Refund issued: