### UNITED STATES BANKRUPTCY COURT DISTRICT OF CONNECTICUT

## ONLINE PAYMENT INSTRUCTIONS (PAY.GOV) FOR EMAIL FILINGS DURING CM/ECF SHUTDOWN





 $\checkmark$  Scroll down and Select the letter "U".

# Find an Agency

Below is a list of all agencies that accept payments on Pay.gov. Many of the agencies liste public forms, which are web pages where you type in information about yourself and the on the agency name below will take you to a list of public forms for the chosen agency.

<u>A B C D E F G H I J K L M N O P Q R S T U V</u> W X Y Z 0-9 <u>#</u>



★ Select the bit	utton Continue to	the Form		
1	2	3	4	5
Before You Begin	Complete Agency Form	Enter Payment Info	Review & Submit	Confirmation
Use this form to request and	pay for searches, copies, certifica	tions, recordings of hearings,	and pay other fees.	
ONLY FOR THE USBC, DIST	RICT OF CONNECTICUT.			
*****Debtors in PENDING cas	ses: You must pay with a DEBIT c	ard or BANK ACCOUNT (AC	H).****	
			$\langle \rangle$	
Accepted Payment Method	ds:			$\backslash$
<ul> <li>Bank account (ACH)</li> </ul>				$\langle \rangle$
Debit or credit card				$\sim$
Preview Form Cand	cel		1	Continue to the Form

Complete the form.

 $\bigstar$ 

# For new Bankruptcy Petitions filed during the CM/ECF shutdown, enter case number 77-77777 in the required case number field.

	District of Con	necticut	
This for	rm may be used for requests from U.S. Bankruptcy Court for the Dis	records of and paym strict of Connecticut o	ents to the <u>Instructions</u> nly.
Requestor Information (person com	npleting the form)		* Indicates required field
* First Name:	MI:	* Last Name:	
* Address:			
Address Line 2:			
* City:	* State:	`	✓ * Zip Code:
* Telephone:	* e-Mail:		
Payor Information (person providing	payment)	stor	
* First Name:	MI:	* Last Name:	
* Address:			
Address Line 2:			
* City:	* State:	`	Zip Code:
* Telephone:	* e-Mail:		
Case Information			
* Case Number: 77-77777	* Debtor Name:		* Chapter:
Document Number:	Hearing Date:	Matter	:



For Case Filing Fees, whether paying in full or in installments, select the appropriate "Filing Fee Installment" checkbox associated with the applicable Chapter, and enter the amount being paid into the Rate column. Ch. 7 \$338.00 Ch. 13 \$313.00 Ch. 11 \$1,738.00

(In the example below, the Chapter 7 filing fees are being paid in full.)

Please select at least one of the following:			
Item	Rate	<u>Quantity</u>	Cost
Record Search	\$32.00		\$0.00
Certifications	\$11.00		\$0.00
Copy Work	\$0.50		\$0.00
Exemplifications	\$23.00		\$0.00
Reproduction of Recordings	\$32.00		\$0.00
Amended Schedules **	\$32.00		\$0.00
Record Retrieval - \$64.00 for the first, and \$39.00 ea	ch additional		\$0.00
Claims Transfer **	\$26.00		\$0.00
Motion to Reopen Ch. 7	\$260.00		\$0.00
Filing Fee Installment Ch. 7	\$338.00		\$338.00
Filing Fee Installment Ch. 11			
Filing Fee Installment Ch. 13 (Not Ch. 13 Plan Pay	ment)		

**<u>NOTE</u>**: The "We're here to help!" section, "Click to email" is not functioning during the shutdown. For assistance, send an email to <u>Finance@ctb.uscourts.gov</u>.

ould be sent
Continue

### Select "Continue".

Select a payment type button under "\*I want to pay with my"

### Select "NEXT".

Enter the payment information.

#### Select "Review and Submit Payment".

Review the payment information.

Select the Authorization Box.

Select "Submit Payment".

\*\*\*\*Attach a pdf of your receipt to your e-mail submission.\*\*\*\*