

EXHIBIT 4

Case No. 1:16-cv-00745-PLF



PACER National Veterans Legal Services Program, et al. v. United States II

Dispute Form

Account Holder Information

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
*Firm Name		
<input type="text"/>		
*Primary Address	Primary Address Continued	
<input type="text"/>	<input type="text"/>	
*City	*State	*Zip
<input type="text"/>	Select <input type="text"/>	<input type="text"/>
*Country	UNITED STATES <input type="text"/>	
<input type="text"/>		
*Telephone Number	*Email	
<input type="text"/>	<input type="text"/>	
Pacer Account Number	*Payment Notification Form Number	
3469907	<input type="text"/>	

*Payment Period

*From (Quarter)	*(Year)	*To (Quarter)	*(Year)
Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>	Select <input type="text"/>

*Upload Proof of Payment (e.g., credit card statements, canceled checks, payment receipts)

Maximum allowed uploaded files: 5
 Maximum file size: 10 MB
 Allowed file types: .jpg, .jpeg, .tif, .tiff, .gif, .png, .pdf

Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen
 Choose File No file chosen

Certification

By checking this box, I declare that the information supplied in this Dispute Form is true and correct to the best of my knowledge.

Agree and Submit

*Required