

After logging in to CM/ECF. Select **Docketing** then **File a Document**.

To pay a filing fee in a case that has already been docketed, enter the case number.

Docketing Please Select Event

Docketing Reports Utilities Logout Help

Case 10-1565 Casey Johnson v. Eric Holder, Jr.

File a Document

Case: Enter case number as yy-nnnn or yy-nnnnn (e.g., 05-2475 or 05-68492)

Filed Date: 07/12/2010

CMI/ECF Appellate

Please Select Event Group Below

- Forms, Notices & Filing Fees**
- Motions, Responses & Replies
- Briefing Documents
- Argument Notices & Acknowledgment
- Judgments
- Rehearing Petitions & Answers
- Bills of Cost & Objections
- Other, Sealed & Paper Filings
- Certiorari

Select One

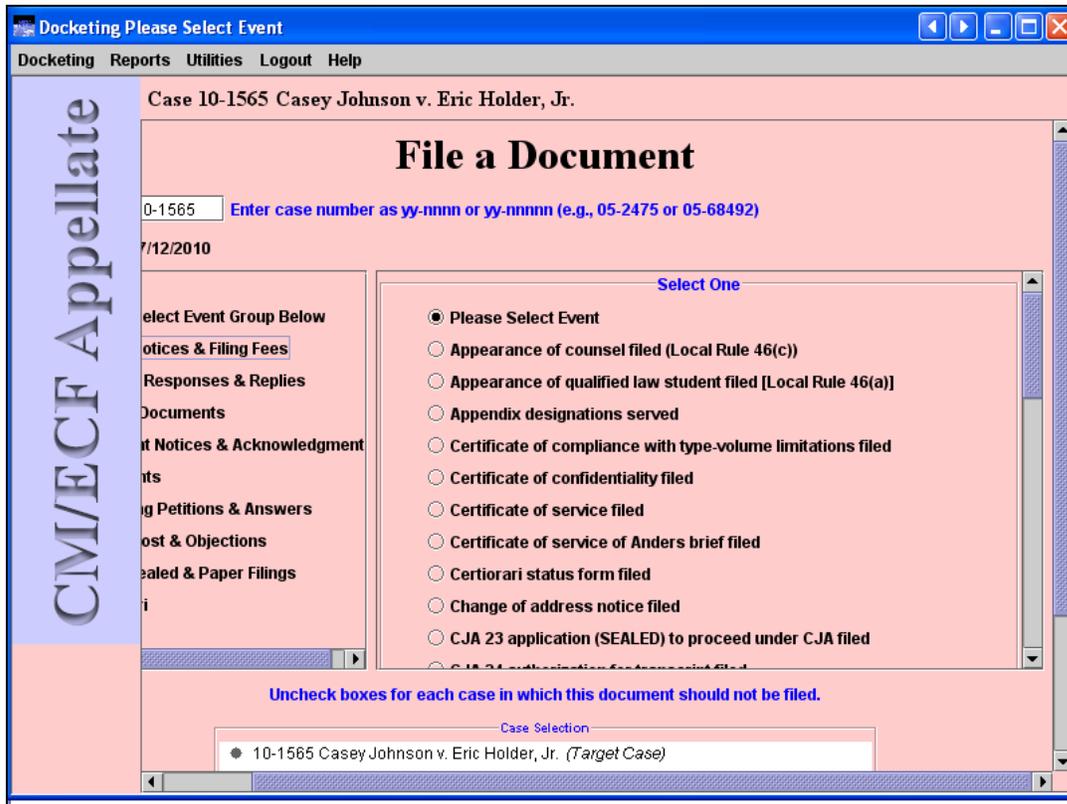
- Please Select Event
- Appearance of counsel filed (Local Rule 46(c))
- Appearance of qualified law student filed [Local Rule 46(a)]
- Appendix designations served
- Certificate of compliance with type-volume limitations filed
- Certificate of confidentiality filed
- Certificate of service filed
- Certificate of service of Anders brief filed
- Certiorari status form filed
- Change of address notice filed
- CJA 23 application (SEALED) to proceed under CJA filed

Uncheck boxes for each case in which this document should not be filed.

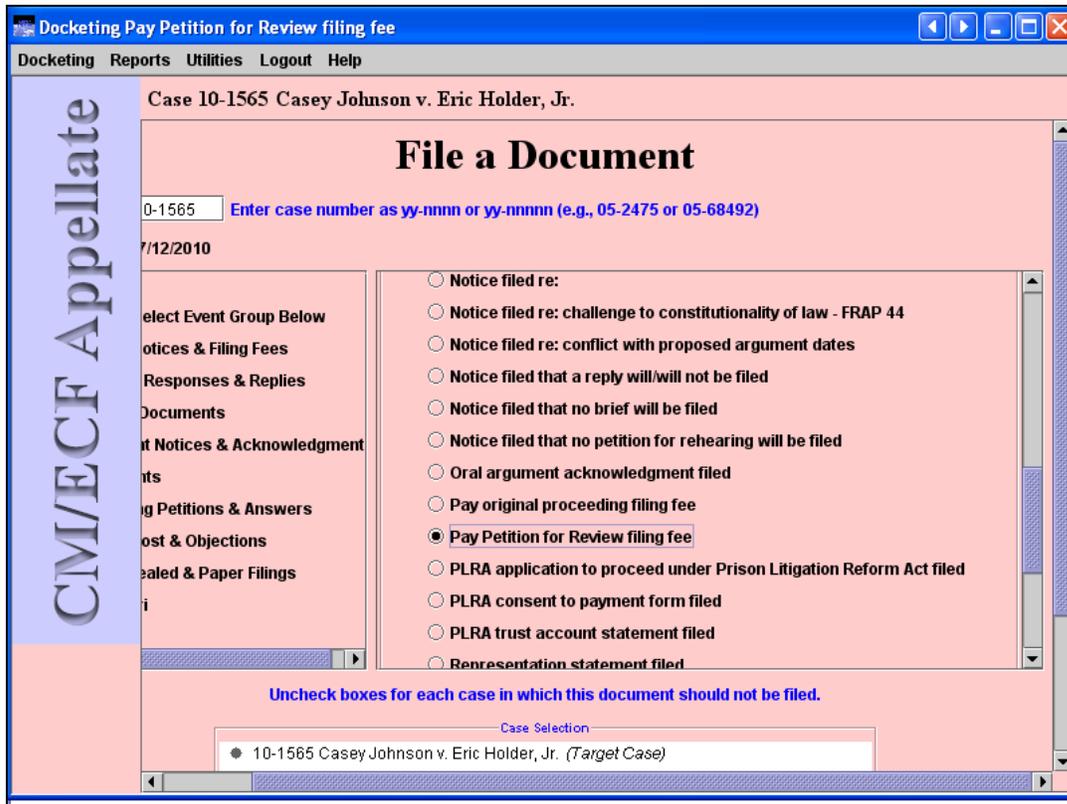
Case Selection

- 10-1565 Casey Johnson v. Eric Holder, Jr. (Target Case)

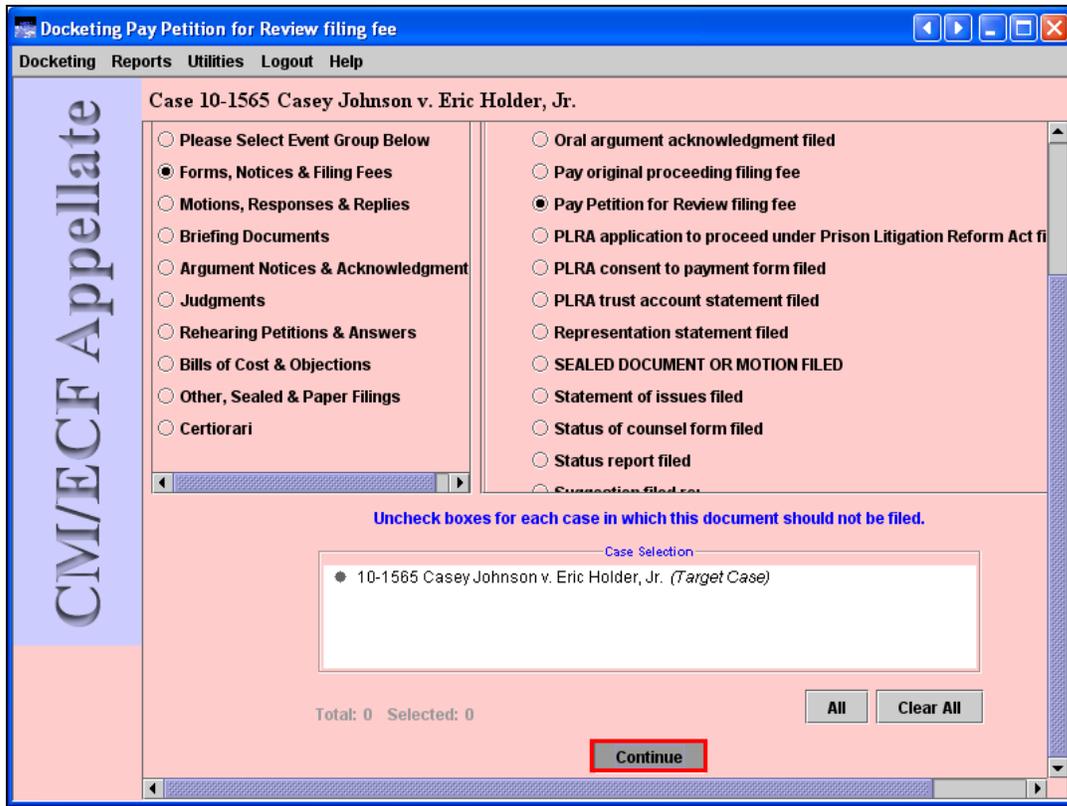
Select **Forms, Notices and Filing Fees** from the left column.



Use the scroll bar in the right column to locate **Pay Original Proceedings filing fee** or **Pay Petition for Review filing fee**.



Select the correct entry based on type of case you need to pay the fee in. In this example, **Pay Petition for Review filing fee** is selected for an immigration case.



Click **Continue**.

Docketing Pay Petition for Review filing fee

Docketing Reports Utilities Logout Help

Case 10-1565 Casey Johnson v. Eric Holder, Jr.

Party Filer

Please select the filer(s) below. In consolidated cases, use the All Cases button to apply your selection to all of the consolidated cases.

	Filer	Type	Case Number	Short Title
<input checked="" type="checkbox"/>	Johnson, Casey	Appellant-Petitioner	10-1565	Casey Johnson v. E...
<input type="checkbox"/>	Holder, Eric H., Jr.	Appellee-Respondent	10-1565	Casey Johnson v. E...

Display All Parties All Cases Select All Clear All

Fee

Pay fee for Petition for Review

Fee Amount: \$450.00

Pay Now

Continue Back Cancel

CM/ECF Appellate

When the next screen appears, select the **party paying the filing fee**. In this example, Appellant Casey Johnson is selected.

Docketing Pay Petition for Review filing fee

Docketing Reports Utilities Logout Help

Case 10-1565 Casey Johnson v. Eric Holder, Jr.

Party Filer

Please select the filer(s) below. In consolidated cases, use the All Cases button to apply your selection to all of the consolidated cases.

	Filer	Type	Case Number	Short Title
<input checked="" type="checkbox"/>	Johnson, Casey	Appellant-Petitioner	10-1565	Casey Johnson v. E...
<input type="checkbox"/>	Holder, Eric H., Jr.	Appellee-Respondent	10-1565	Casey Johnson v. E...

Display All Parties All Cases Select All Clear All

Fee

Pay fee for Petition for Review

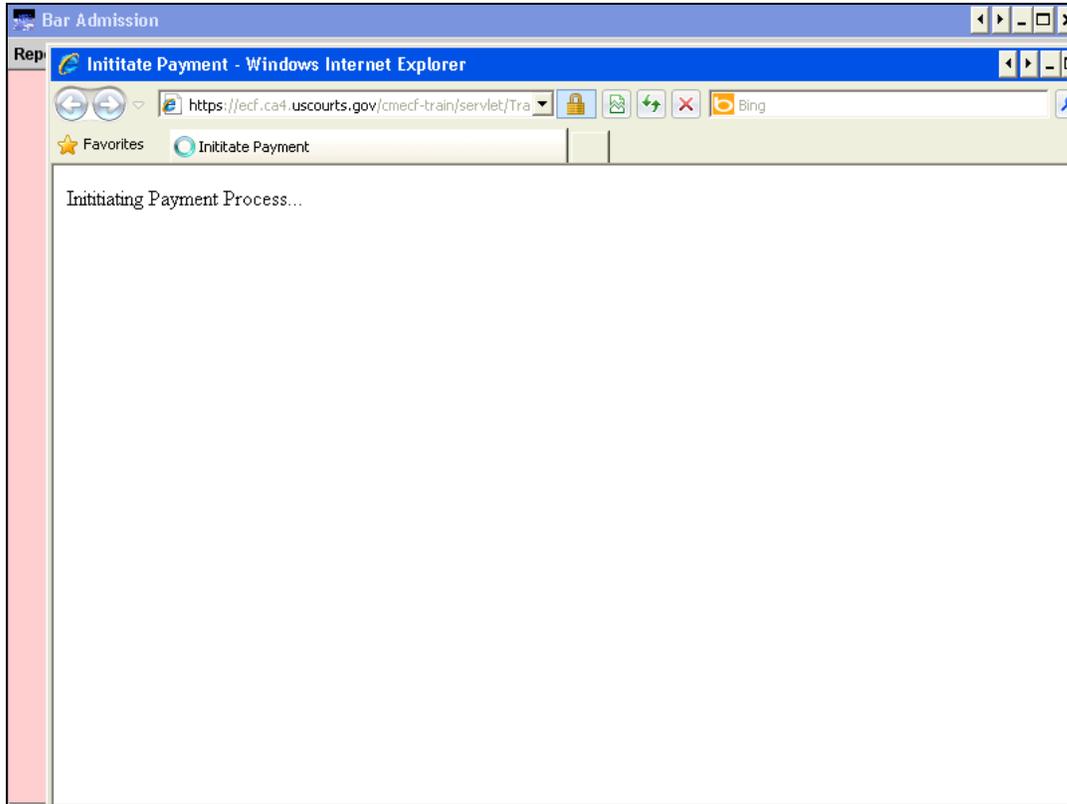
Fee Amount: \$450.00

Pay Now

Continue Back Cancel

CM/ECF Appellate

Next, select **Pay Now** to pay the filing fee with a credit card.



A new window will open and indicate that the system is initiating the payment process.

Online Payment [Return to your originating application](#)

Step 1: Enter Payment Information 1 | 2

Pay Via Plastic Card (PC) (ex: American Express, Discover, Mastercard, VISA)

Required fields are indicated with a red asterisk *

Account Holder Name: Attorney Sample *

Payment Amount: \$450.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

The Online Payments window will open automatically. If the name or billing address information is incorrect, make any necessary changes.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: *

Card Number: Visa * (Card number value should not contain spaces or dashes)

Security Code: Master Card * [security code](#)

Expiration Date: American Express

Expiration Date: Discover

Attorney Name: *

Contact Telephone Number: *

Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Continue with Plastic Card Payment Cancel

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

Scroll down to enter your credit card details. Select the type of card from the drop down menu.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: Visa *

Card Number: * (Card number value should not contain spaces or dashes)

Security Code: * [Help finding your security code](#)

Expiration Date: * / *

Attorney Name: *

Contact Telephone Number: *

Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

Done Internet 100%

Enter the credit card number.

Online Payment - Windows Internet Explorer
https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *
Billing Address 2: *
City: Richmond *
State / Province: Virginia - VA *
Zip / Postal Code: 23219-0000 *
Country: United States *
Card Type: Visa * 
Card Number: * (Card number value should not contain spaces or dashes)
Security Code: * [Help finding your security code](#)
Expiration Date: * / *
Attorney Name: *
Contact Telephone Number: *
Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

Done Internet 100%

Enter the card security code.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: Visa *

Card Number: 4111111111111111 * (Card number value should not contain spaces or dashes)

Security Code: 999 * [Help finding your security code](#)

Expiration Date: / *

Attorney Name: *

Contact Telephone Number: *

Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

https://qa.pay.gov/paygov/payments/securityCodeInfo.html;jsessionid=D

Enter the card expiration date.

Online Payment - Windows Internet Explorer
https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2: *

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: Visa *    

Card Number: 4111111111111111 * (Card number value should not contain spaces or dashes)

Security Code: 999 * [Help finding your security code](#)

Expiration Date: 03 * / 2013 *

Attorney Name: *

Contact Telephone Number: *

Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

Enter the name of the attorney submitting the request.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: Visa *

Card Number: 4111111111111111 * (Card number value should not contain spaces or dashes)

Security Code: 999 * [Help finding your security code](#)

Expiration Date: 03 * / 2013 *

Attorney Name: Attorney Sample *

Contact Telephone Number: *

Person Completing Transaction: *

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Continue with Plastic Card Payment Cancel

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

Enter a contact telephone number and the name of the person completing the transaction.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/OCIServlet

Payment Amount: \$170.00

Billing Address: 1100 East Main Street *

Billing Address 2:

City: Richmond

State / Province: Virginia - VA

Zip / Postal Code: 23219-0000

Country: United States *

Card Type: Visa *

Card Number: 4111111111111111 * (Card number value should not contain spaces or dashes)

Security Code: 999 * [Help finding your security code](#)

Expiration Date: 03 * / 2013 *

Attorney Name: Attorney Sample *

Contact Telephone Number: 804-916-2767 *

Person Completing Transaction:

Select the "Continue with Plastic Card Payment" button to continue to the next step in the Plastic Card Payment Process.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

To proceed, select **Continue with Plastic Card Payment**.

Online Payment - Windows Internet Explorer

https://qa.pay.gov/paygov/payments/enterPlasticCa

Online Payment



Online Payment [Return to your originating application](#)

Step 2: Authorize Payment 1 | 2

Payment Summary [Edit this information](#)

Address Information	Account Information	Payment Information
Account Holder Name: Attorney Sample 1100 East Main Street Billing Address: Street Billing Address 2: City: Richmond State / Province: VA Zip / Postal Code: 23219-0000 Country: USA	Card Type: Visa Card Number: *****1111 Attorney Attorney Name: Sample Contact Telephone Number: 804-916-2767 Person Completing Transaction: Jackie Quella	Payment Amount: \$450.00 Transaction Date and Time: 03/03/2011 10:10 EST

Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Downloading picture https://qa.pay.gov/paygov/logo: Internet 100%

Review the Payment Summary information. Click **Edit this Information** if you need to make any changes.

Address information	Account information	Payment information
Account Holder Name: Attorney Sample 1100 East Main Street Billing Address: Street Billing Address 2: City: Richmond State / Province: VA Zip / Postal Code: 23219-0000 Country: USA	Card Type: Visa Card Number: *****1111 Attorney Name: Sample Contact Telephone Number: 804-916-2767 Person Completing Transaction: Jackie Quella	Payment Amount: \$450.00 Transaction Date and Time: 03/03/2011 10:10 EST

Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:

Confirm Email Address:

CC: Separate multiple email addresses with a comma

Authorization and Disclosure
Required fields are indicated with a red asterisk *
I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. *
Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

To receive an email confirmation of your payment, enter your email address and any additional addresses you want receive confirmation.

Address information	Account information	Payment information
Account Holder Name: Attorney Sample 1100 East Main Street Billing Address 2: City: Richmond State / Province: VA Zip / Postal Code: 23219-0000 Country: USA	Card Type: Visa Card Number: *****1111 Attorney Attorney Name: Sample Contact Telephone Number: 804-916-2767 Person Completing Transaction: Jackie Quella	Payment Amount: \$450.00 Transaction Date and Time: 03/03/2011 10:10 EST

Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:
Confirm Email Address:
CC: Separate multiple email addresses with a comma

Authorization and Disclosure
Required fields are indicated with a red asterisk *
I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. *
Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

You must select the authorization box or your transaction will not process.

Address information	Account information	Payment information
Account Holder Name: Attorney Sample 1100 East Main Street Billing Address 2: City: Richmond State / Province: VA Zip / Postal Code: 23219-0000 Country: USA	Card Type: Visa Card Number: *****1111 Attorney Name: Sample Contact Telephone Number: 804-916-2767 Person Completing Transaction: Jackie Quella	Payment Amount: \$450.00 Transaction Date and Time: 03/03/2011 10:10 EST

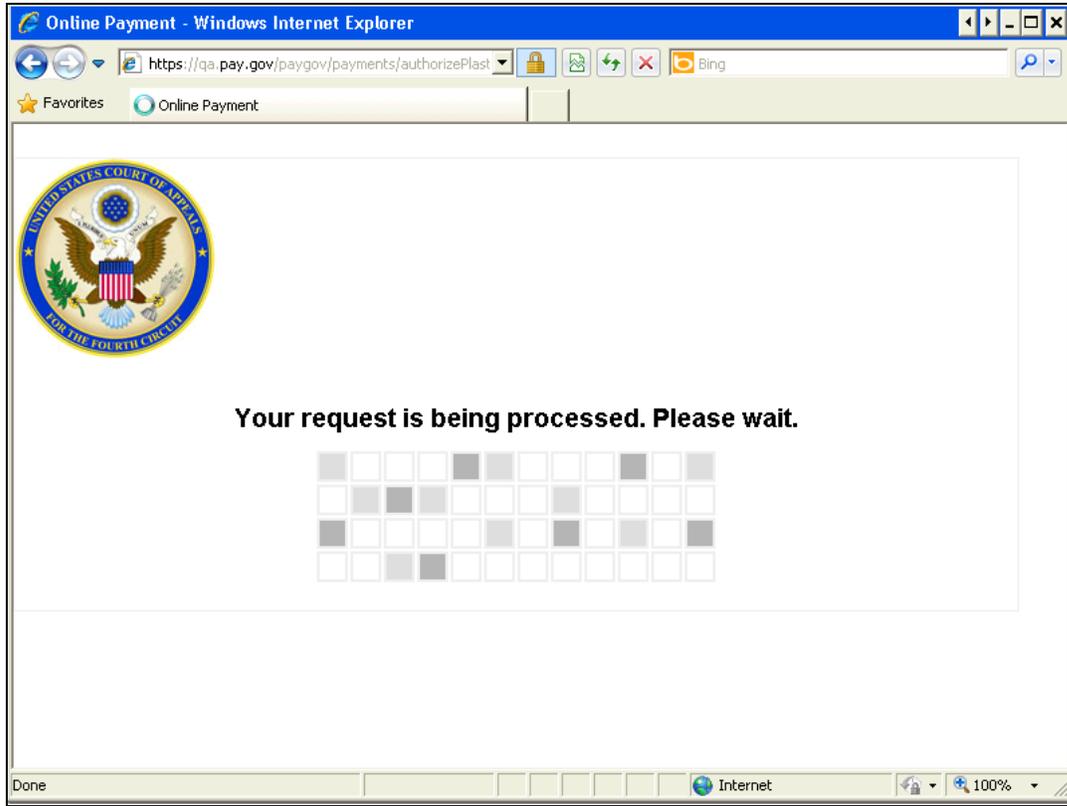
Email Confirmation Receipt
To have a confirmation sent to you upon completion of this transaction, provide an email address and confirmation below.

Email Address:
Confirm Email Address:
CC:
Separate multiple email addresses with a comma

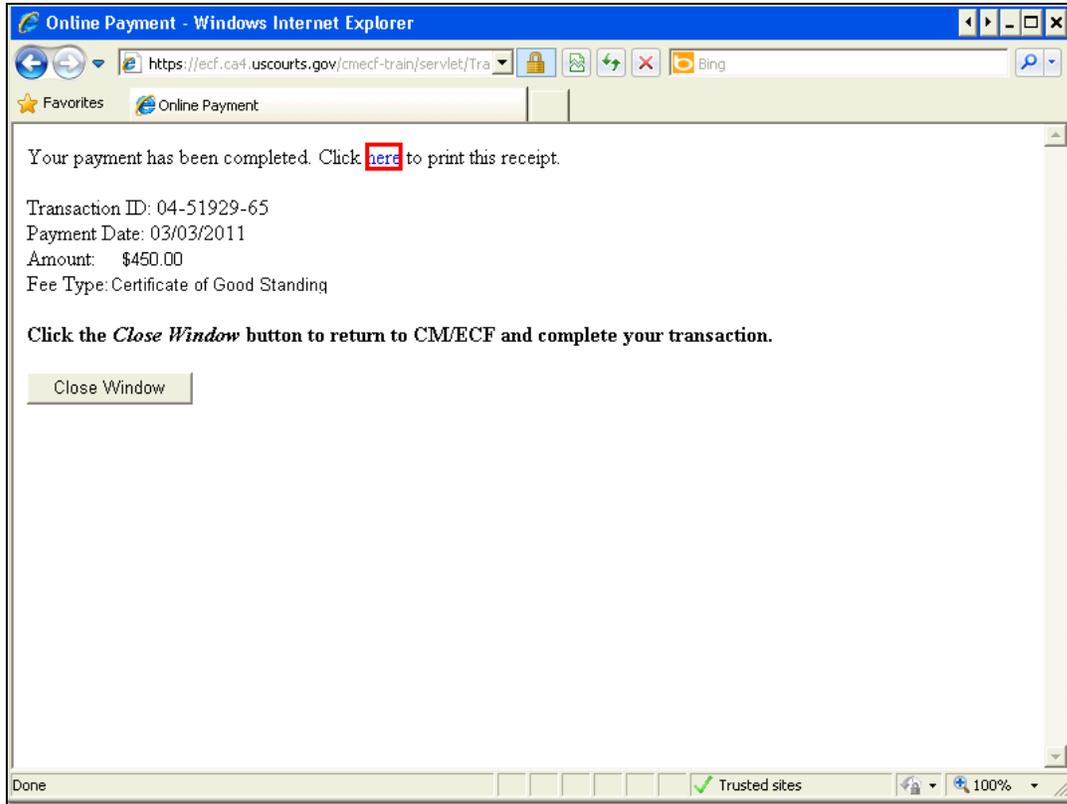
Authorization and Disclosure
Required fields are indicated with a red asterisk *
I authorize a charge to my card account for the above amount in accordance with my card issuer agreement. *
Press the "Submit Payment" Button only once. Pressing the button more than once could result in multiple transactions.

Note: Please avoid navigating the site using your browser's Back Button - this may lead to incomplete data being transmitted and pages being loaded incorrectly. Please use the links provided whenever possible.

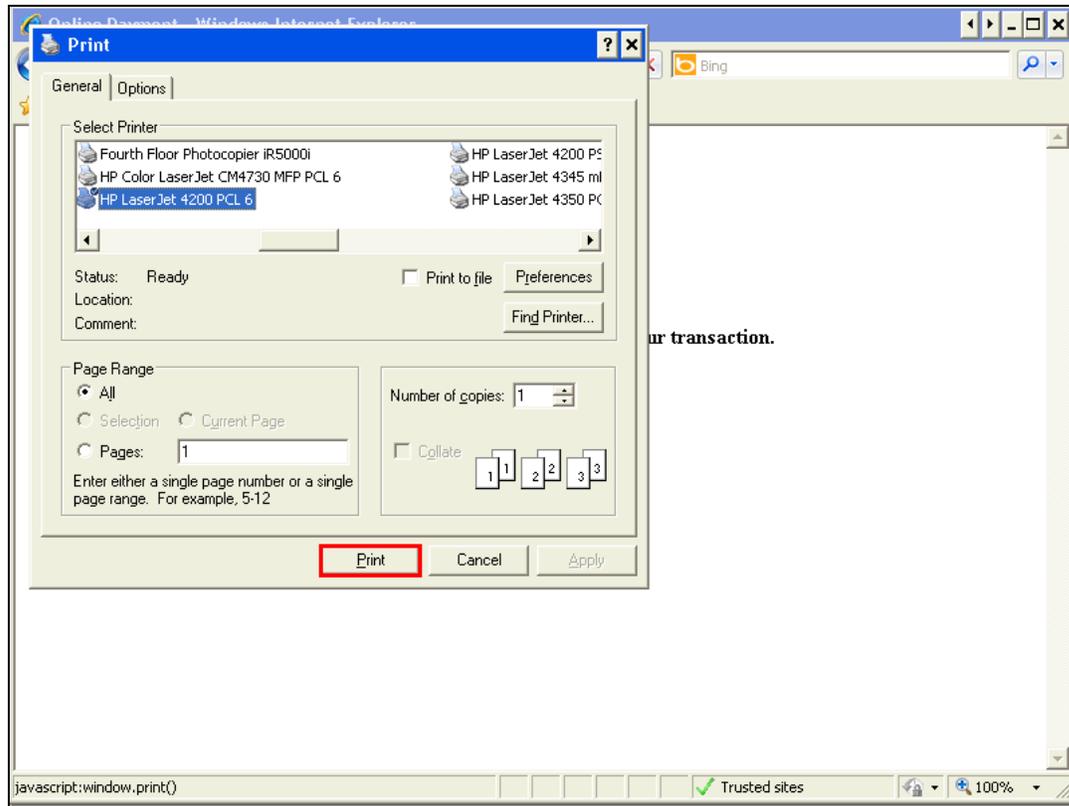
To process your transaction, select **Submit Payment**.



The System will process your request.

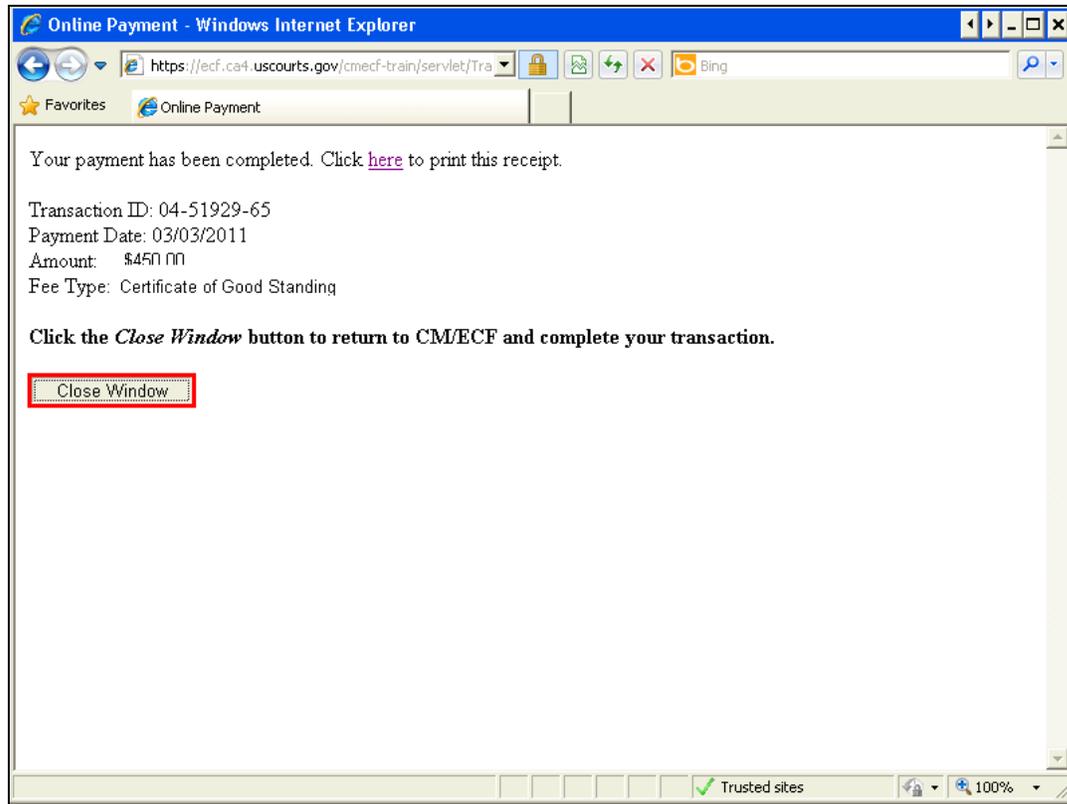


When your payment is completed, you will see this confirmation screen. Select "**here**" to print a receipt.



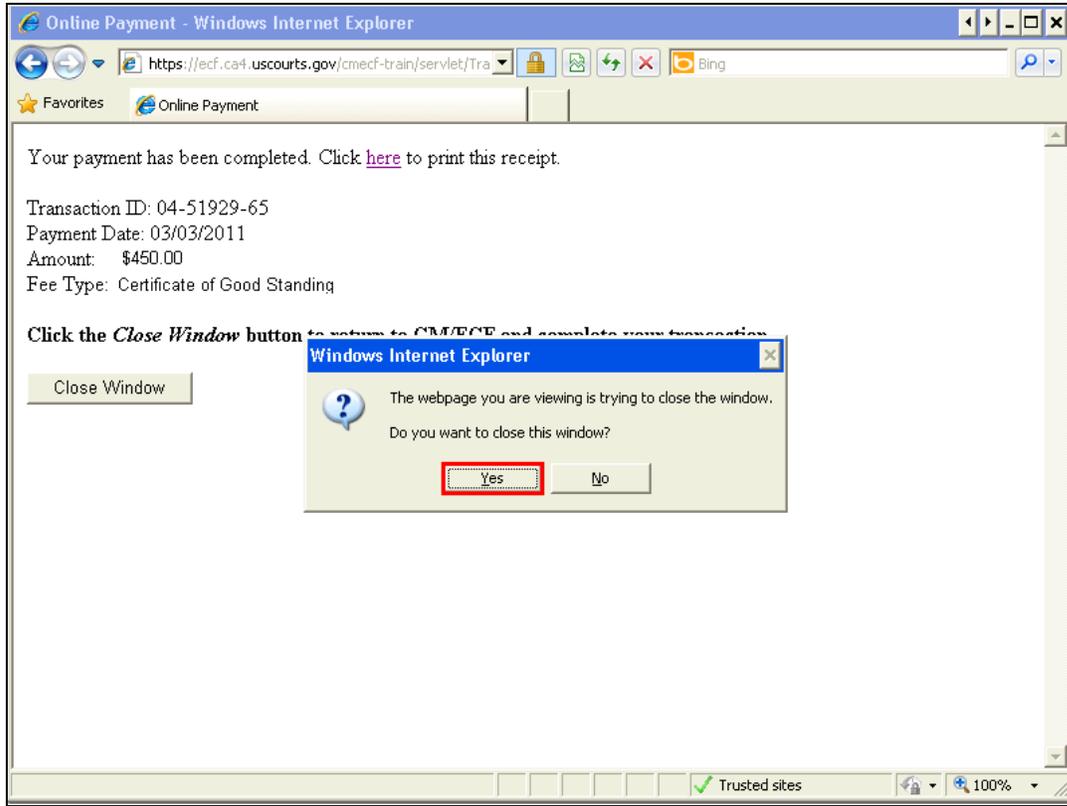
ur transaction.

The Print dialog box will appear. Select **Print** to print the receipt to your default printer.



Select **Close Window** to return to CM/ECF to complete your transaction.

It is critical that you select Close Window and return to CM/ECF to submit your transaction. If you do not submit your transaction in CM/ECF the court will not record your fee payment.



In Internet Explorer, a message will appear asking if you want to close the window. Select **Yes**.

Docketing Pay Petition for Review filing fee

Docketing Reports Utilities Logout Help

Case 10-1565 Casey Johnson v. Eric Holder, Jr.

Party Filer

Please select the filer(s) below. In consolidated cases, use the All Cases button to apply your selection to all of the consolidated cases.

	Filer	Type	Case Number	Short Title
<input checked="" type="checkbox"/>	Johnson, Casey	Appellant-Petitioner	10-1565	Casey Johnson v. E...
<input type="checkbox"/>	Holder, Eric H., Jr.	Appellee-Respondent	10-1565	Casey Johnson v. E...

Display All Parties All Cases Select All Clear All

Fee

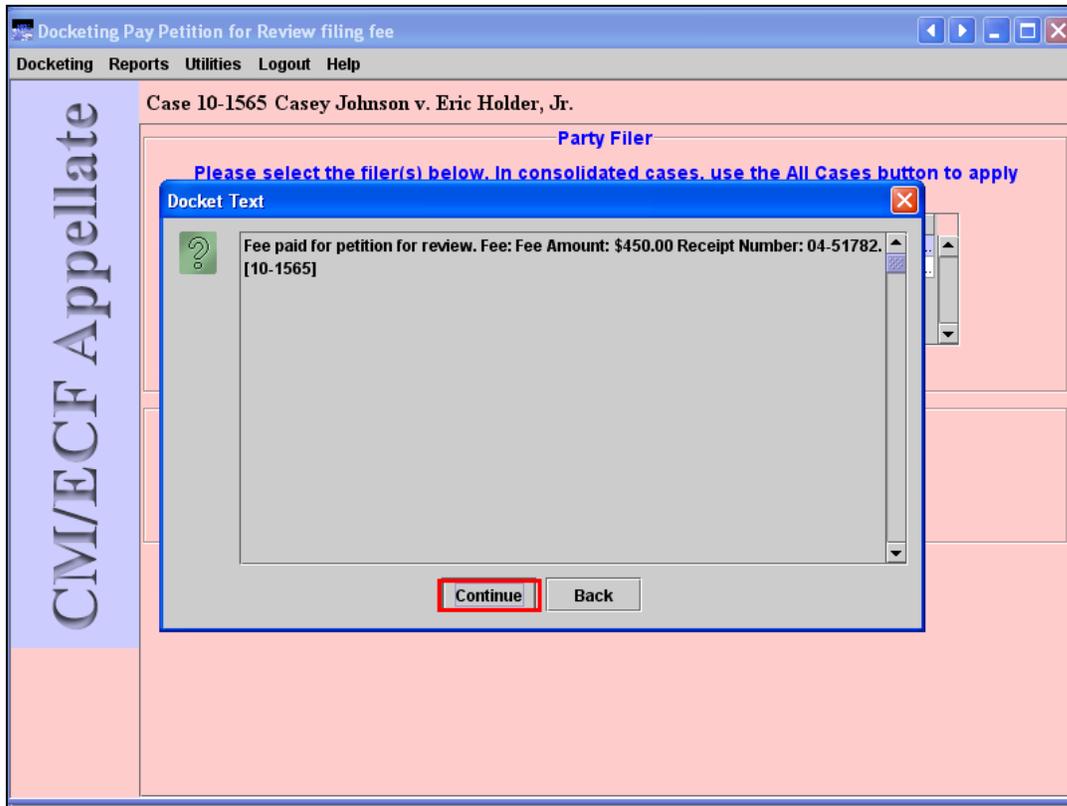
Pay fee for Petition for Review

Fee Amount: \$450.00

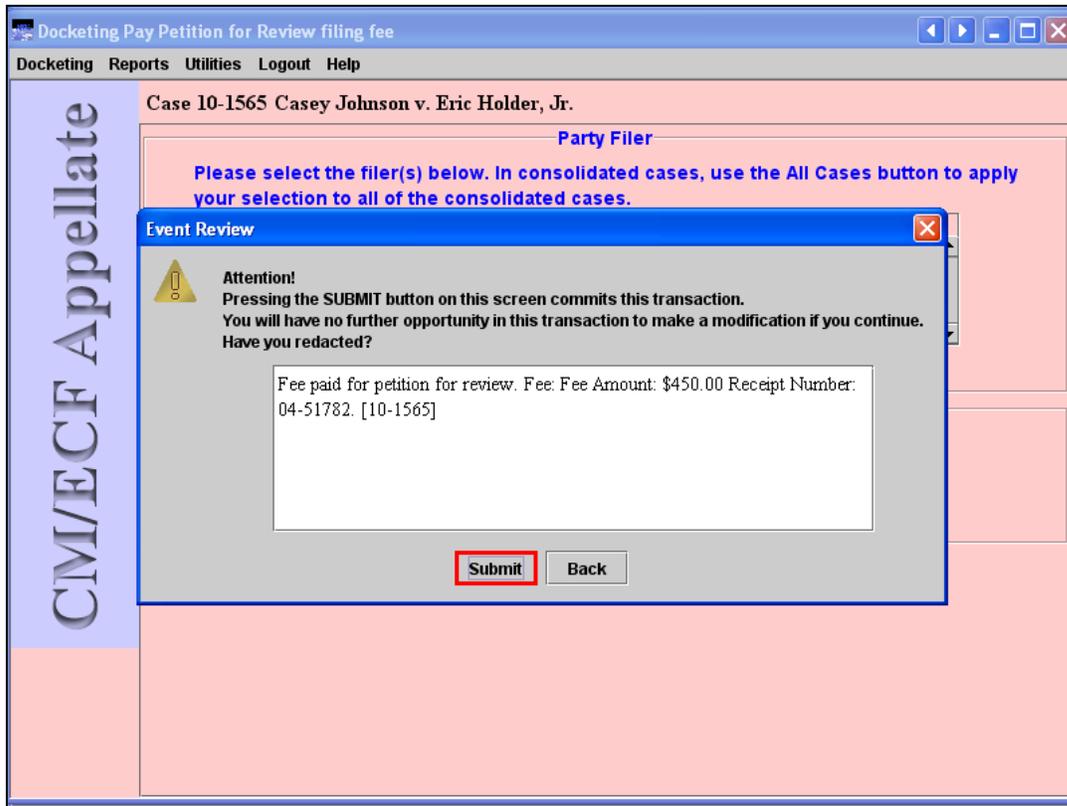
Pay Now

Continue Back Cancel

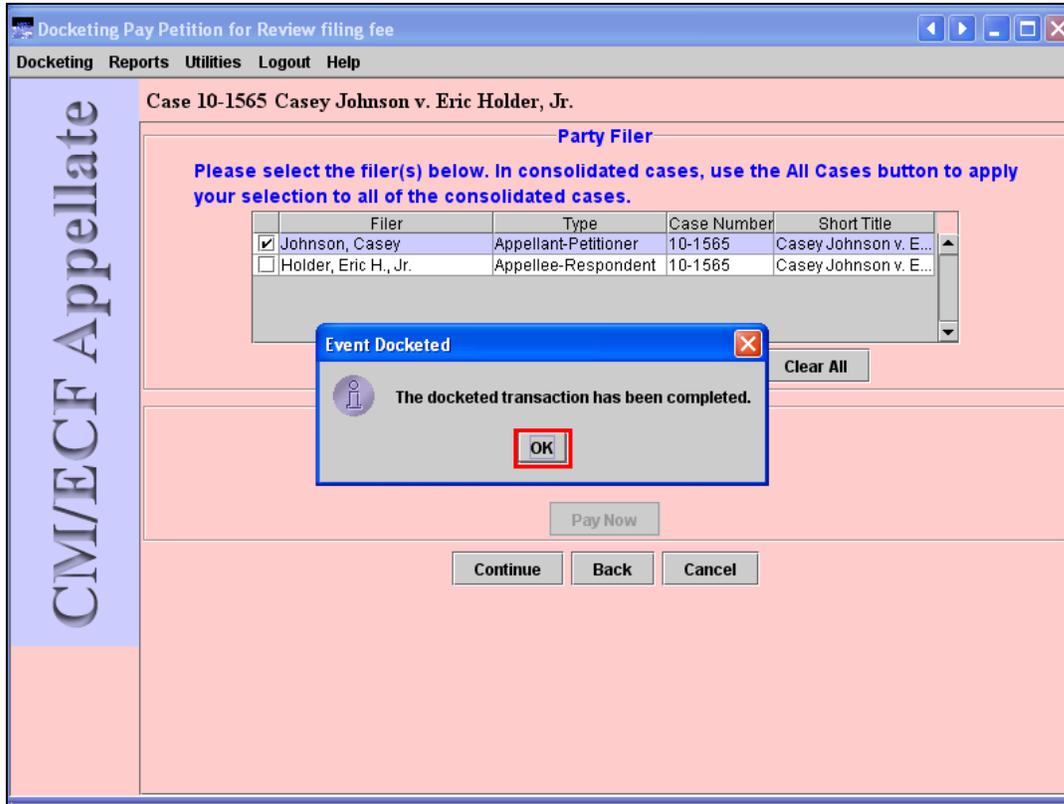
Click **Continue**.



Review the docket text for accuracy. Click **Continue**.



Click **Submit**.



Click **OK** to complete the entry.

Docketing Please Select Event

Docketing Reports Utilities Logout Help

Case 10-1565 Casey Johnson v. Eric Holder, Jr.

File a Document

Case: Enter case number as yy-nnnn or yy-nnnnn (e.g., 05-2475 or 05-2475-01)

Filed Date: 07/12/2010

Please Select Event Group Below

- Forms, Notices & Filing Fees
- Motions, Responses & Replies
- Briefing Documents
- Argument Notices & Acknowledgment
- Judgments
- Rehearing Petitions & Answers
- Bills of Cost & Objections
- Other, Sealed & Paper Filings
- Certiorari

Uncheck boxes for each case in which this document s

Case Selection

- 10-1565 Casey Johnson v. Eric Holder, Jr. (Target Case)

ECF will automatically return to the *File a Document* screen.