

REQUEST FOR WAIVER OF THE ARBITRATION FILING FEE

I, _____, am the person asking for arbitration of a fee dispute

Print YOUR NAME clearly on this line

now under consideration and I request the Sacramento County Bar Association to waive the arbitration filing fee.

INSTRUCTIONS

1. Please print clearly or type.
2. Submit the signed original of this form and one (1) copy to our office.
3. Make a copy for your records. Our office will not send you a copy.
4. You may be contacted if clarification is needed.
5. Your submission of this *Request for Waiver of the Arbitration Filing Fee* does not guarantee that our program will waive the filing fee. Upon receipt of your completed application form, our office will forward it to the Program Chair who may take one of the following actions:

GRANTED – If the Program Chair grants your request for a waiver of the filing fee, you will owe nothing and our office will continue processing your fee arbitration case.

REDUCED or **DENIED** – If the Program Chair reduces the amount of the filing fee or denies your request for a waiver of the filing fee, you will need to pay the full –or reduced–amount of the filing fee to our office within fifteen business (15) days from the date of service of the Program Chair's order on you in order for our office to continue processing your fee arbitration case. If you do not submit the required payment within fifteen business (15) days, we will close your case and you will have waived your right to arbitrate this fee dispute using the Sacramento County Bar's Mandatory Fee Arbitration Program.

Until such time as the Program Chair issues an order on your request for a waiver of the filing fee, your *Client's Request for Arbitration of a Fee Dispute* will be in abeyance.

6. If you are incarcerated, you must complete Section 1.2 in addition to the other sections.
7. If you are not incarcerated, do not complete Section 1.2.

**SECTION 1.1: REQUIRED INFORMATION FOR ALL APPLICANTS SEEKING
A WAIVER OF THE FILING FEE**

Have you hired, or do you intend to hire, an attorney to represent you in this fee arbitration? (Check "✓" **only one** of the following boxes.):

- NO, I have not hired, nor do I intend to hire an attorney to represent me in this fee arbitration.
- YES, I have hired an attorney to represent me in this fee arbitration.
- YES, I intend to hire an attorney to represent me in this fee arbitration.

Employer Information

Name of your employer: _____

Your Employer's Address: _____

Your Employer's Telephone: () _____ - _____

What is your occupation?: _____

Your Present Spouse's Information

If you are divorced, do not list your ex-spouse or any of his or her financial information on this application. Only list the name and financial information for your current spouse.

Name: _____

Name of his or her employer: _____

Your Spouse's Employer's Address: _____

Your Spouse's Employer's Telephone: () _____ - _____

What is your spouse's occupation?: _____

NO, I did not personally pay any of the attorney's fees. Someone else paid the attorney's fees on my behalf.

If you checked either of the **NO** boxes above you must state the name and address of the person(s) who paid a portion -or all- of the attorney's fees on your behalf and state their relationship to you in the space provided below. **That person or persons must join your request for arbitration and your request for a waiver of the filing fee.**

Name and Address of the Person Who Paid the Attorney's Fees	Their Relationship to You

In support of my request, I declare that I cannot afford to pay the filing fee. My present assets, income, and expenses consist of the following:

SECTION 2: INCOME AND ASSETS

Section 2.1: GROSS MONTHLY INCOME		
<i>List ALL monthly income before deductions, no matter where it is coming from (e.g., unemployment, disability payment, etc.).</i>	Applicant	Spouse
Salary and Wages (including commissions, bonuses and overtime)		
Pensions and/or Retirement Benefits		
Social Security		
Medical Insurance		
Disability and Unemployment Insurance		
Public Assistance (welfare, AFDC payments, etc.)		
Child Support and Spousal Support		
Dividends and Interest		
All other sources (e.g., rent, etc.)		
TOTAL GROSS MONTHLY INCOME:		

Section 2.1.1: ITEMIZED DEDUCTIONS FROM GROSS INCOME			
<i>List ALL money that is deducted from the gross income listed above (e.g., federal, state, and local taxes; FICA, SDI, etc.)</i>		Applicant	Spouse
Withholding Taxes (federal, state, and local)			
Social Security (FICA Tax)			
Unemployment Insurance			
Medical or other insurance			
Union or other dues			
Retirement or Pension Fund			
Savings Plan			
Other (please specify)			
TOTAL DEDUCTIONS:			

Section 2.2: ASSETS			
<i>List the value of ALL items you own, including savings and checking accounts, your home, the furniture in your home, all automobiles, boats, motorcycles, rental property, other real estate, jewelry, etc. If you have received a settlement in your case, any money received should be listed as an asset.</i>		Applicant	Spouse
Savings Accounts			
Checking Accounts (or similar type accounts)			
Credit Union			
Value of bonds and/or stocks			
Home			
Furniture			
Automobiles, trucks, motorcycles: Make _____ Year _____ Make _____ Year _____ _____ Year _____ Make _____			
Other motorized vehicles (boat, airplane, etc.)			
Other real estate			
Other assets			
Settlement Money			
TOTAL ASSETS:			

SECTION 3: EXPENSES

Section 3.1: MONTHLY EXPENSES			
<i>List ALL your monthly expenses. This includes rent or mortgage payments; utilities, including telephone, water, garbage and electricity; medical and dental expenses, etc.</i>		Applicant	Spouse
Rent or Mortgage			
Property taxes			
Property insurance			
Food			
Laundry/Dry Cleaning/Repairs of Clothing and Shoes			
Purchasing of Clothes			
Household Cleaning			
Entertainment			
Transportation and Automobile Expenses (insurance, gas, repairs, etc.)			
Utilities			
Household Supplies			
Medical and Dental (that is not reimbursed by insurance)			
Child Care			
Education/Tuition			
Other expenses (specify) _____			
Installment Payments: From Section 3.2 (on page 7), write in the amount that appears on the line for TOTAL INSTALLMENT PAYMENTS here:			
TOTAL EXPENSES:			

Section 3.2: INSTALLMENT PAYMENTS			
<i>List ALL your credit card payments, car payments, loan payments, etc. Total these figures and write that amount on the Installment Payments line in Section 3.1 (on page 6). Do not include the mortgage payment for the house you are living in. If you own other property, list those mortgage payments here.</i>		Applicant	Spouse
Creditor _____			
Purpose of debt _____			
Creditor _____			
Purpose of debt _____			
TOTAL INSTALLMENT PAYMENTS:			

If your monthly expenses exceed your monthly income, you must provide an explanation of how you are meeting your monthly expenses. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

If you received funds or property as part of a settlement, award or judgment, state the date(s) and amount(s) or property received, and if you no longer have the amount(s) or property, state what became of them, including payees and amounts paid.

Explain why you need a waiver of the filing fee. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct. This declaration was executed on _____ (date) at _____ (City) in the State of _____.

(Signature)