

## REQUEST FOR WAIVER OR REDUCTION OF 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 Long Beach Bar Association to waive or reduce 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 does not guarantee that our program will waive or reduce the filing fee. Upon receipt of your completed application form, the Chair Arbitrator will issue a decision respecting one of the following actions:

**GRANTED** – If 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 your filing fee is reduced or denied, 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 your notification of the decision 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 Long Beach Bar's Mandatory Fee Arbitration Program.

Until your request for a waiver of the filing fee has been decided, 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? \_\_\_\_\_

What is your monthly gross income (before deductions) \_\_\_\_\_

**Your 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? \_\_\_\_\_

What is your spouse's gross monthly income (before deductions) \_\_\_\_\_





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**

<b>Section 2.1: GROSS MONTHLY INCOME</b>		
<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.)		
<b>TOTAL GROSS MONTHLY INCOME:</b>		

<b>Section 2.1.1: ITEMIZED DEDUCTIONS FROM GROSS INCOME</b>	Applicant	Spouse
<i>List ALL money that is deducted from the gross income listed above (e.g., federal, state, and local taxes; FICA, SDI, etc.)</i>		
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)		
<b>TOTAL DEDUCTIONS:</b>		

<b>Section 2.2: ASSETS</b>	Applicant	Spouse
<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>		
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 _____ Make _____ Year _____		
Other motorized vehicles (boat, airplane, etc.)		
Other real estate		
Other assets		
Settlement Money		
<b>TOTAL ASSETS:</b>		



### SECTION 3: EXPENSES

<b>Section 3.1: MONTHLY EXPENSES</b>			
<i>List ALL your <b>monthly</b> 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 page7), write in the amount that appears on the line for TOTAL INSTALLMENT PAYMENTS here:			
<b>TOTAL EXPENSES:</b>			

<b>Section 3.2: INSTALLMENT PAYMENTS</b>			
<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 _____			
<b>TOTAL INSTALLMENT PAYMENTS:</b>			

**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 explain. If you need additional space you may attach an additional sheet to the application form.

[Empty rectangular box for providing an explanation of how monthly expenses are met.]

**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.**

[Empty rectangular box for providing details of settlements, awards, or judgments.]

**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.

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If your request for a fee waiver or reduction is granted do you agree to immediately pay to the Long Beach Bar Association the full amount of the filing fee if you are awarded and receive any money?

YES     NO

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)