REQUEST FOR WAIVER OF THE ARBITRATION FILING FEE

I, _____, am the person asking for arbitration in a fee dispute now under consideration, and I ask the San Luis Obispo County Bar Association to waive the arbitration filing fee.

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

Husband
Occupation: _____

Employer: _____
name

_____
address

_____

Wife
Occupation: _____

Employer: _____
name

_____
address

_____

INCOME	Husband	Wife
Total monthly income, including welfare, unemployment, etc.	$_____	$_____
Less deductions:		
Income taxes	_____	_____
Social Security	_____	_____
Unemployment ins.	_____	_____
Medical ins.	_____	_____
Union dues, etc.	_____	_____
Retirement fund	_____	_____
Total deductions	_____	_____
Take-home monthly income:	$_____	$_____
ASSETS		
Savings accounts	$_____	$_____
Checking accounts	_____	_____
Credit unions	_____	_____
Bonds and stocks	_____	_____
Home	_____	_____
Other real estate	_____	_____
Furniture	_____	_____
Auto (make/year)	_____	_____
Other vehicles		
_____	_____	_____
Other	_____	_____
Total Assets	$_____	$_____

EXPENSES	
(My) (Our) monthly expenses are:	
Rent/mortgage	$_____
Food	_____
Clothes	_____
Transportation	_____
Utilities	_____
Medical, dental	_____
Child care	_____
Other	_____
Installment payments (list below)	_____
Total expenses	$ _____

Installment Payments	Monthly Payment	Balance
Creditor_____ For_____	$_____	$_____
Creditor_____ For_____	$_____	$_____
Creditor_____ For_____	$_____	$_____
Creditor_____ For_____	$_____	$_____
Creditor_____ For_____	$_____	$_____
Total monthly payments: (enter above)	$_____	

I declare under penalty of perjury that the information listed above is true and correct, and that this declaration was completed on _____ at _____.
Date City and State

Type or print your name and address below:

Sign your name here:

_____

_____
Your name

_____
Your address

_____
City State Zip Code