



Hardship Waiver Application

To be considered for a waiver of State Bar dues and Supreme Court assessments, please fill out the application completely and return it to the State Bar office. You will be contacted in writing regarding your waiver request.

Applications must be postmarked before July 1. You will be contacted in writing by August 1.

Please note that it is a Supreme Court Rule that a certified dues notice be mailed to each unpaid attorney in October.

Name: _____ Member Number _____

How many times have you applied for a waiver? _____ (limit 3)

If employed, please complete the following:

Organization/Firm Name: _____

Address: _____

Phone: _____

Financial Information:

Gross family income/last year: \$ _____ Estimated gross family income/current year: \$ _____

Total number of adults supported by this family income including yourself: _____

If there are 2 adults in household, please choose one: Both Employed Both Unemployed Only one Employed

Total number of children supported by this family income: _____

Balance in Savings: \$ _____ Balance in Checking: \$ _____ Net Worth: \$ _____

Expenses

Monthly housing: \$ _____

Monthly transportation: \$ _____

Monthly Utilities: \$ _____

Monthly food: \$ _____

Other expenses: \$ _____

Please provide a brief explanation for the hardship waiver:

I hereby certify that the above information is true and correct, to the best of my knowledge.

Signature: _____

Date: _____