



**AMERICAN ARBITRATION ASSOCIATION
AFFIDAVIT IN SUPPORT OF
ADMINISTRATIVE FEES HARDSHIP WAIVER**

A primary factor used by the AAA in approving fee waivers is the federal poverty guidelines; absent other supporting information requested in this affidavit, individuals whose gross monthly income exceeds 300% of the federal poverty guidelines will not likely receive approval to have the AAA's fees waived.

AAA Case No:
Your name:
Gross pay or wages: \$ _____ per week/ month / year (select one) <i>Gross pay is the amount of money you earn before taxes are taken out.</i>
Take-home pay or wages: \$ _____ per week/ month / year (select one) <i>Take-home pay is the amount of money you receive after taxes are taken out.</i>
Number of people in your household: Number of adults (over 18 years old) in your household: Number of children (18 years old or under) in your household: <i>Household means the number of people you can claim as a dependent on your income tax returns, including you and your spouse or partner (if you are married).</i>

Address:
City: _____ State: _____ Zip Code: _____
Employer:
Employer address:
City: _____ State: _____ Zip Code: _____

Prior Applications for Fee Waivers

Within the last two years, have you requested the AAA or a court waive your fees and costs? Yes No
AAA? Yes No What court(s)?
What was the outcome?

Additional Income

Bonuses (including frequency):
Amount and types of government assistance:
Business, profession or other self-employment income:
Rent payments received, interest, or dividends:
Pension, annuity or life insurance payments received:



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Disability, or workers compensation payments:

Other financial support or income, (state source and amount you receive, and frequency):

Assets

Total cash and/or checking accounts: \$

Total in CDs and savings accounts: \$

Value of liquid investments (mutual funds, ETFs, etc.):

Value of other investments (stocks, bonds, trusts):

Attorney's fees: \$

My representative is working on a contingency basis or pro bono
Yes No

Any other factors you would like us to consider (do NOT attach bank statements, tax returns, or any other documents):

I am a party to this case and declare that I do not have the financial means sufficient to pay the AAA's administrative fees. I understand that any hardship waiver, if granted, does not affect my separate obligation to pay arbitrator compensation. I hereby swear and affirm that the foregoing is a true and correct statement of my financial condition and my ability to pay.

Signature

Please email completed form to AAAfewaivers@adr.org.

Or mail to:
American Arbitration Association
Attn: Fee Waivers
1301 Atwood Avenue
Johnston RI, 02919