



**Submit Form & Documentation to:**  
**THE STATE BAR OF CALIFORNIA**  
**Member Services Center – Fee Waivers**  
**180 Howard Street - San Francisco, CA 94105-1617**  
**Fax: (415) 538-2361**  
**Questions? (888) 800-3400**

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## 2017 Fee Waiver Application Form

Please review the rules pertaining to available waivers of 2017 membership fees found in the Rules of the State Bar of California, Title 2, Division 2, Rule 2.16. A member (or the member's spouse, relative, law partner or associate, or legal representative) may apply for a waiver of payment of the member's annual membership fees by submitting this completed application form along with the specified required documentation.

**All waiver application forms, accompanied by the required documentation and any applicable payment, must be received by the State Bar by March 1, 2017, to be considered for this membership year. Incomplete applications will not be considered. The current request will apply only to the membership fees accrued during the 2017 billing cycle. Any membership fee waiver granted per State Bar Rule 2.16 has no effect on the member's MCLE requirement.**

### Member Information:

Bar Number: \_\_\_\_\_ Name: \_\_\_\_\_

Requestor's Name (if other than Member): \_\_\_\_\_

Relationship to Member: \_\_\_\_\_ Requestor's Phone Number: \_\_\_\_\_

### Eligible Reasons for Waiver Request (Please select one):

**Financial - Per Rule 2.16(C)3(c)**

The member has a total gross annual household income from all sources of \$20,000 or less, in which case **the waiver is 50% of annual membership fees, calculated excluding all other optional deductions.** Send appropriate payment with your completed application by March 1, 2017, to avoid late penalties. See Attachment A for payment information.

[NOTE: Total gross annual household income from all sources includes, but is not limited to, spousal income and any other income sources obtained outside of the practice of law. Medical hardship alone does not grant eligibility for a fee waiver without accompanying financial hardship.]

**Required Documentation:** Copy of 2016 Tax Return Form 1040 or 1040A and any schedules. If no tax return was filed, a completed "2017 Fee Waiver Application Form Attachment B (Financial Declaration)" must be submitted.

**Military – Per Rule 2.16(D)**

The member is serving in the Army National Guard, the Army Reserve, the Naval Reserve, the Marine Corps Reserve, the Air National Guard of the United States, the Air Force Reserve, or the Coast Guard Reserve, provided that the member has been ordered to report to full-time active duty for more than thirty days.

**Required Documentation:** Copy of the order to report for active duty. Please underline, circle, or otherwise note the sections of the order that show the status as a reservist and that the member is called to active duty for at least 30 days in 2017.

**Magistrate, Commissioner, or Referee - Per Rule 2.16(C)3(a)**

The member serves full-time as a magistrate, commissioner, or referee for a state or federal court of record.

**Required Documentation:** Copy of the oath taken upon accepting the position.

**Sitting on Assignment – Per Rule 2.16(C)3(b)**

The member is a retired judge who accepts assignments from the Chief Justice of California to act in a judicial capacity.

**Required Documentation:** Copy of the oath taken upon accepting the position.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and all attachments to it are true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## 2017 Fee Waiver Application - Attachment A Payment Information / Credit Card Authorization Form

If applying for the financial fee waiver, send applicable payment with your completed 2017 Fee Waiver Application Form and required documentation postmarked no later than **March 1, 2017**, to avoid the late penalty. After this date, even if you qualify for the 50% waiver, you will also owe 50% of the late penalty. Please note: The financial fee waiver is 50% of annual membership fees, calculated excluding all other optional deductions. See fee statement regarding deductions. If taking deductions, please indicate on the payment coupon.

Active Status: **Please Note: For credit card payment, a 2.25% processing fee will be added to mandatory fees.**

- Payment on or before March 1, 2017:  
**\$226** without \$40 deduction taken OR **\$186** with \$40 deduction taken. If paid by credit card, \$4.19 processing fee will be added.
- Payment after March 1, 2017:  
**\$276** without \$40 deduction taken OR **\$236** with \$40 deduction taken. If paid by credit card, \$4.19 processing fee will be added.

Inactive Status: Applies only to those members who are inactive by March 1, 2017

- Payment on or before March 1, 2017:  
**\$100** without deductions taken OR **\$55** with all deductions totalling \$45 taken. If paid by credit card, \$1.24 processing fee will be added.
- Payment after March 1, 2017:  
**\$115** without deductions taken OR **\$70** with all deductions totalling \$45 taken. If paid by credit card, \$1.24 processing fee will be added.

### PAYMENT INFORMATION

**Member Name:** \_\_\_\_\_ **Member Number:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

- Pay by Check:** Enclosed is my check, payable to the State Bar of California.
- Pay By Credit Card**     Visa     MasterCard    (Note: The State Bar accepts only Visa and MasterCard)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Note: For credit card payment, a 2.25% processing fee will be added.**

**By my signature below, I hereby authorize The State Bar of California to charge this Visa or MasterCard account for membership fees plus the credit card processing fee, as listed above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MAIL FORM TO:** \_\_\_\_\_ **OR** **FAX FORM TO:** \_\_\_\_\_  
 The State Bar of California (415) 538-2361  
 Member Services Center - Fee Waivers  
 180 Howard Street  
 San Francisco, CA 94105

**Attach this form and all required documentation to the 2017 Fee Waiver Application Form.**



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**2017 Fee Waiver Application Form - Attachment B**  
**Financial Declaration**

If you are requesting the **waiver of 50% of your 2017 annual State Bar membership fees available per State Bar Rule 2.16(C)3(c) based on poor financial condition**, and you are unable to provide a copy of your 2016 tax return, please complete and submit this Financial Declaration with your Fee Waiver Application. Waiver requests and documentation may be audited. If you are later found ineligible, you must pay full membership fees and any applicable late fees.

**1) MEMBER/REQUESTOR INFORMATION**

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_  
 Requestor's Name (if other than member): \_\_\_\_\_ Relationship: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_  
 I am submitting this Financial Declaration in lieu of my 2016 Tax Return because: \_\_\_\_\_

**2) FINANCIAL INFORMATION**

Explain Financial situation (use additional sheets as necessary): \_\_\_\_\_

Please note that poor financial condition shall not apply if the member's 2016 total gross annual household income from all sources exceeds \$20,000 (See Rules of the State Bar, Title Two, Rule 2.16(C)3(c)). **This maximum amount has been set by the State Bar's Board of Trustees and cannot be adjusted by the Member Services Center.** Please check the appropriate boxes below and list relevant dollar amounts. If no income was collected, please enter "0" in the TOTAL box below.

- 1) Member is currently receiving financial assistance under the following programs:
  - a) Welfare: attach supporting documentation \$ \_\_\_\_\_
  - b) Disability: attach supporting documentation \$ \_\_\_\_\_

- 2) Member's 2016 total gross annual household income obtained from all other sources:  
 (Including, but not limited to: All employment income, spousal income, rental income, investment income, unemployment benefits, social security, child support, etc.)
- \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$                       
 (from ALL sources) (If no income, enter "0")

**3) DECLARATION**

I declare under penalty of perjury under the laws of the State of California that my total gross annual household income from all sources in 2016 was \$20,000 or less and that the foregoing is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach this form and all required documentation to the 2017 Fee Waiver Application Form.**