



**THE STATE BAR OF CALIFORNIA**  
**Member Services Center**  
 180 Howard Street · San Francisco, CA 94105-1639  
 (888) 800-3400 · msc@calbar.ca.gov

FOR OFFICIAL USE ONLY

2010

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RCVDS: \_\_\_\_\_ Staff: \_\_\_\_\_

**2010 Fee Waiver Application Form**  
**Financial Declaration**

If your request for waiver of annual State Bar membership fees is based on poor financial condition, please complete this Financial Declaration and attach documentation such as last year's income tax return. Waiver requests and documentation may be audited.

**1) MEMBER/REQUESTOR INFORMATION**

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

**2) FINANCIAL INFORMATION**

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

Please note that poor financial condition shall not apply if the member's total annual income from all sources exceeds \$20,000 (See Rules of the State Bar, Title Two, Rule 2.16(C)3(b)). This maximum amount has been set by the State Bar's Board of Governors and cannot be adjusted by the Member Services Center. Please check the appropriate boxes:

- 1) member is currently receiving financial assistance under the following programs:
  - a) Social Security: attach supporting documentation.
  - b) Welfare: attach supporting documentation.
  - c) Disability: attach supporting documentation
- 2) Member's annual income obtained from other sources:  
 (List other Sources)
 

_____	\$	_____
_____	\$	_____
_____	\$	_____
<b>TOTAL</b>	\$	_____

**3) DECLARATION**

I declare under penalty of perjury under the laws of the State of California that my/ the member's income in 2009 was less than \$20,000 and that the foregoing is true and correct.

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

**Attach this form and all required documentation to the 2010 Fee Waiver Application Form.**