



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

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.

All fee waiver applications must be completed in full and submitted in good faith. The information provided must accurately reflect the applicant's current financial situation, including all sources of income, financial support, assets, and other resources used to meet personal or household expenses.

Submission of incomplete or misleading information may result in denial of the fee waiver request. The American Arbitration Association (AAA) reserves the right to request additional documentation or clarification and to deny any request where the information appears inconsistent, incomplete, or not submitted in good faith.

AAA Case No:		
Your name:		
Gross pay or wages for household: \$ _____ per week/ month / year (select one) <i>Gross pay is the amount of money you earn before taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</i>		
Take-home pay or wages for household: \$ _____ per week/ month / year (select one) <i>Take-home pay is the amount of money you receive after taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</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:
Additional Income for all Household members		
Bonuses (including frequency):		
Amount and types of government assistance (including frequency):		
Business, profession or other self-employment income (including frequency):		
Rent payments received, interest, or dividends (including frequency):		
Pension, annuity or life insurance payments received (including frequency):		
Disability, or workers compensation payments (including frequency):		



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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.):

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

Signature

Date

Please email completed form to AAafeewaivers@adr.org.

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