



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

AAA Case No:

Name of business:

Describe business:

**Business**

Address:

City: State: Zip Code:

Number of employees:

Organization/business type:  
*(General/Limited Partnership/Sole Proprietorship/Corporation/Limited Liability/Company)*

Date business established:

Gross annual business revenue:

Net annual business revenue:

Operating expenses:

For profit: Yes No

How many years in operation?

Affiliated or related organizations/businesses:

**GUARANTOR INFORMATION:  
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

Gross pay or wages: \$ \_\_\_\_\_ per week/ month / year (select one)

*Gross pay is the amount of money you earn before taxes are taken out.*

Take-home pay or wages: \$ \_\_\_\_\_ per week/ month / year (select one)

*Take-home pay is the amount of money you receive after taxes are taken out.*

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:

*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 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 [AAafeewaivers@adr.org](mailto:AAafeewaivers@adr.org).

Or mail to:

**American Arbitration Association  
Attn: Fee Waivers  
1301 Atwood Avenue  
Johnston RI, 02919**