

The San Fernando Valley Bar Association Mandatory Fee Arbitration Committee accepts client petitions for arbitration of disputes involving attorney fees without regard to a petitioner's ability to pay.

If the filing fee for your petition is beyond your ability to pay, you may request to have some or the entire filing fee waived, or make arrangements to pay the filing fee in monthly installments by completing the form below and returning it with the first installment.

If paying in installments, you don't need to complete the fee waiver application.

Be sure to state how much of the filing fee you request to be waived and/or any special payment schedule you may wish to propose.

Failure to accurately complete the form may result in denial of your request.

.....
Installment Plan Agreement Form

Applicant: _____ Phone: _____

I am unable to pay the entire filing fee all at once. I am requesting the payment of my filing fee in three (3) monthly installments.

Enclosed is my first payment of \$_____ (amount equal to at least one-third (1/3) of the filing fee). I will pay the remaining balance in two (2) payments in the amount of \$_____ on ___/___/___ (30 days after filing) and in the amount of \$_____ on ___/___/___ (60 days after filing).

If payment is not received on the due dates, I authorize the SFVBA to charge the installment fee to the credit card specified below. Failure to pay your fee by the dates agreed to in this installment plan will result in the immediate closure of the fee arbitration case.

Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature of Cardholder: _____ CCV: _____

Billing Address of Cardholder: _____

I have read and agree to abide by the Rules of Procedure of this program and confirm that I understand the refund schedule (Rule 19.3).

Applicant Signature

Date

Section 1.4

- a. Did you pay the attorney’s fees with your own money? (Check “✓” **only** one of the following boxes.):
- YES, **I paid all** of the attorney’s fees with my own money.
 - NO, **I personally paid only a portion** of the attorney’s fees with my own money. Someone else paid the remainder of the attorney’s fees on my behalf.
 - NO, **I did not personally pay any** of the attorney’s fees. Someone else paid the attorney’s fees on my behalf.

If you checked either of the **NO** boxes above you must state the name and address of the person(s) who paid a portion -or all- of the attorney’s fees on your behalf and state their relationship to you in the space provided below. **That person or persons must join your request for arbitration and your request for a waiver of the filing fee.**

Name and Address of the Person(s) Who Paid the Attorney’s Fees	Their Relationship to You
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- b. Have you hired, or do you intend to hire, an attorney to represent you in this fee arbitration? (Check “✓” **only one** of the following boxes.):
- NO, **I have not hired, nor do I intend to hire an attorney** to represent me in this fee arbitration.
 - YES, **I have hired an attorney** to represent me in this fee arbitration.
 - YES, **I intend to hire an attorney** to represent me in this fee arbitration.

If yes, how are these attorney fees being paid? _____

SECTION 2: INCOME AND ASSETS

In support of my request, I declare that I cannot afford to pay the filing fee. My present assets, income and expenses consist of the following:

Section 2.1: GROSS MONTHLY INCOME

[Attach proof of income (i.e., paycheck stubs, unemployment benefits statement, etc.)]

List <i>ALL</i> monthly income before deductions, no matter where it is coming from (e.g., unemployment, disability payment, etc.).	Applicant	Spouse/ Companion
Salary and Wages (including commissions, bonuses and overtime).....	_____	_____
Pensions and/or Retirement Benefits.....	_____	_____
Social Security.....	_____	_____
Medical Insurance.....	_____	_____
Disability and Unemployment Insurance.....	_____	_____
Public Assistance (welfare, AFDC payments, etc.).....	_____	_____
Child Support and Spousal Support.....	_____	_____
Dividends and Interest.....	_____	_____
All other sources (e.g., rent, etc.).....	_____	_____
TOTAL GROSS MONTHLY INCOME:	_____	_____

Section 2.1.1: ITEMIZED DEDUCTIONS FROM GROSS INCOME

List ALL money that is deducted from the gross income listed above (e.g., federal, state and local taxes; FICA, SDI, etc.)

	Applicant	Spouse/ Companion
Withholding Taxes (federal, state and local)	_____	_____
Social Security (FICA Tax)	_____	_____
Unemployment Insurance	_____	_____
Medical or other insurance	_____	_____
Union or other dues	_____	_____
Retirement or Pension Fund	_____	_____
Savings Plan	_____	_____
Other (please specify)	_____	_____
TOTAL DEDUCTIONS:	_____	_____

Section 2.1.2: NET MONTHLY INCOME

Subtract the Total Itemized Deductions (Section 2.1.1) from the Total Gross Monthly Income (Section 2.1)

	Applicant	Spouse/ Companion
TOTAL NET MONTHLY INCOME:	_____	_____

Section 2.2: ASSETS

List the value of ALL items you own, including savings and checking accounts, your home, the furniture in your home, all automobiles, boats, motorcycles, rental property, other real estate, jewelry, etc. If you have received a settlement in your case, any money received should be listed as an asset.

	Applicant	Spouse/ Companion
Savings Accounts	_____	_____
Checking Accounts (or similar type accounts)	_____	_____
Credit Union	_____	_____
Value of Bond and or Stocks	_____	_____
Pension and Retirement Funds	_____	_____
Life Insurance Cash Value	_____	_____
Home	_____	_____
Other Real Estate	_____	_____
Furniture and Home Appliances	_____	_____
Automobiles, trucks, motorcycles: Make _____ Year _____	_____	_____
Make _____ Year _____	_____	_____
Other motorized vehicles (boat, airplane, etc.) :	_____	_____
Other assets (please specify)	_____	_____
Settlement Money	_____	_____
TOTAL ASSETS:	_____	_____

Section 2.2.1: ASSET OBLIGATIONS

For any property listed above (Section 2.2) which is subject to any obligations or loans, specify the following:

	Value of Asset	Amount of Obligation/Loan
Asset (Please describe)	_____	_____
Asset (Please describe)	_____	_____
Asset (Please describe)	_____	_____
TOTAL ASSET OBLIGATION:	_____	_____

SECTION 3: EXPENSES

Section 3.1: MONTHLY EXPENSES

List ALL your **monthly** expenses, including rent or mortgage payments, utilities, including telephone, water, garbage and electricity, medical & dental expenses, etc.

	Applicant	Spouse / Companion
Check "✓" one of the following boxes: <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage		
Rent/Mortgage.....	_____	_____
Property Taxes	_____	_____
Property Insurance	_____	_____
Utilities	_____	_____
Food	_____	_____
Medical and Dental (that is not reimbursed by insurance).....	_____	_____
Insurance (life, health, accident, etc.)	_____	_____
Transportation and Automobile Expenses (insurance, gas, repairs, etc.).....	_____	_____
Auto Loan	_____	_____
Child Care	_____	_____
My Payment of Child/Spousal Support	_____	_____
Education/Tuition.....	_____	_____
Clothing	_____	_____
Household Cleaning	_____	_____
Entertainment	_____	_____
Total Installment/credit card payments (<i>itemize below in Section 3.2</i>)	_____	_____
Other expenses (specify) _____	_____	_____
_____	_____	_____
TOTAL MONTHLY EXPENSES:	_____	_____

Continue to Next Page

Section 3.2: INSTALLMENT PAYMENTS

List **ALL** your credit card payments, car payments, loan payments, etc. Total these figures and write that amount on the Installment Payments line in Section 3.1 (above).

	Applicant	Spouse / Companion
Creditor _____		
Purpose of debt _____	_____	_____
Creditor _____		
Purpose of debt _____	_____	_____
Creditor _____		
Purpose of debt _____	_____	_____
Creditor _____		
Purpose of debt _____	_____	_____
TOTAL INSTALLMENT PAYMENTS: _____		

If your monthly expenses exceed your monthly income, you must provide an explanation of how you are meeting your monthly expenses. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

If you received funds or property as part of a settlement, award or judgment, state the date(s) and amount(s) or property received, and if you no longer have the amount(s) or property, state what became of them, including payees and amounts paid.

Explain why you need a waiver of the filing fee. Use the space provided below to write your explanation. If you need additional space you may attach an additional sheet to the application form.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION LISTED IN THIS FORM IS TRUE AND CORRECT, AND THAT THIS DECLARATION WAS COMPLETED ON:

_____ at _____
(Date) (City & State)

If the arbitration results in an award in my favor ordering payment of any amount to me by the other party, I agree to pay the San Fernando Valley Bar Association Mandatory Fee Arbitration Program the amount of the waived fee unless the award provides otherwise. By my signature below, I agree that I have read, understand and agree to these terms.

Sign your name(s) here:

(Signature) (Printed Name) (Date)

(Signature) (Printed Name) (Date)

Mail this form along with **proof of income*** and the *Client Request for Arbitration of a Fee Dispute* to:

**Mandatory Fee Arbitration Program
San Fernando Valley Bar Association
20750 Ventura Blvd., Suite 140
Woodland Hills, CA 91364**

*** This document must be submitted with proof of income (i.e., paycheck stubs, unemployment benefits statement, etc.).**

THIS DOCUMENT WILL NOT BE ACCEPTED BY FAX.