

Request Form for Waiver of Filing Fee and Fees and Expenses of Neutral Arbitrator

All information on this form is kept confidential.

My Name _____

Arbitration Name _____

Arbitration Number _____ Date _____

I request an order by the Independent Administrator indicating that I do not have to pay the \$150 filing fee or the fees and expenses of the Neutral Arbitrator.

1. a. My current street or mailing address is: (Please include apartment number, if any, city, and zip code.) _____

b. My attorney's name, address and phone number is: _____

2. a. My occupation, employer, and employer's address is: _____

b. My spouse's occupation, employer, and employer's address is: _____

3. I am receiving financial assistance under one or more of the following programs:

___ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs.

___ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Need Families, (formerly AFDC.)

___ **Food Stamps:** The Food Stamps program.

___ **County Relief:** General Relief (G.R.), or General Assistance (G.A.).

For each line checked above, attach copies of documents to verify receipt of each benefit (the "Information Sheet and Instructions for Waiver of Filing Fee and Fees and Expenses of the Neutral Arbitrator" explains the acceptable documents), and sign the next page.

4. ____ My total gross monthly household income is less than the amount shown on the “Information Sheet and Instructions for Waiver of Filing Fee and Fees and Expenses of the Neutral Arbitrator” form.

Note: *If you checked line 4 above, skip item 5, complete items 6 and 7, and sign below.*

5. ____ My family income is not enough to pay for the common necessities of life for me and the people in my family, plus also paying for the filing fee and the fees and expenses of the Neutral Arbitrator.

Note: *If you checked line 5 above, complete the rest of this form and sign below.*

I declare under penalty of perjury, under the laws of the State of California that the information provided on this form and all attachments are complete, true and correct.

I waive any claim I may have based on Kaiser Foundation Health Plan, Inc., paying the Neutral Arbitrator’s fees.

Type or Print Name	Signature	Date

6. ____ My pay changes considerably from month to month.

Note: *If you check this line, each of the amounts reported in item 10 should be your average for the past 12 months.*

7. Monthly Income

a. My gross monthly pay is: \$_____.

b. My payroll deductions are: (specify purpose and amount.)

- i. _____ \$_____
- ii. _____ \$_____
- iii. _____ \$_____
- iv. _____ \$_____
- v. _____ \$_____
- vi. _____ \$_____

c. My total Net Income is: (a. minus the total of b.) \$_____

d. Other money I receive each month is: (indicate source and amount)

- i. _____ \$ _____
- ii. _____ \$ _____
- iii. _____ \$ _____
- iv. _____ \$ _____

Total of other money received each month is: \$ _____

e. My total Monthly Income is: (add c. + d.) \$ _____

f. Number of persons living in my home: _____

List all the persons living in your home, depending on you for support, or on whom you depend for support:

Name	Age	Relationship	Gross Monthly Income

Total amount of money earned by all the persons living in your home is: \$ _____

g. The Total Gross Monthly Household Income is: \$ _____
(add items a., d., and f. for this total)

8. I own or have an interest in the following:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list the banks):

- i. _____ \$ _____
- ii _____ \$ _____
- iii _____ \$ _____

c. Cars and other vehicles; boats and RVs (make, year, fair market value, and loan balance on each):

Property	Fair Market Value	Loan balance
1.		
2.		

d. Real estate (list address, full market value, and loan balance):

Property	Full Market Value	Loan Balance
1.		
2.		
3.		

e. Other personal property, such as jewelry, furniture, furs, stocks, bonds, etc.:

Property	Full Market Value	Loan Balance
1.		
2.		
3.		
4.		

9. My monthly expenses not already listed in item 7., b. are the following:

- a. Rent or house payment and maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental payments \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repairs) \$ _____
- k. Monthly installment payments: (indicate purpose & amount)
 - 1. _____ \$ _____
 - 2. _____ \$ _____
 - 3. _____ \$ _____

Total amount of all monthly installment payments is: \$ _____

l. Amount deducted for wage assignments and earning withholding orders:
\$ _____

m. Other expenses (specify):

1.	\$
2.	\$
3.	\$

n. My Total Monthly Expenses are: \$ _____
(add 9.a. through 9.m.)

10. Other facts that support this application:

Describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the Independent Administrator understand your budget. (If more space is needed, please add another page and label it "Attachment to Item 10.")
