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

Instructions: If you wish to arbitrate a claim in this system but cannot afford to pay the filing fee and the fees and expenses of the Neutral Arbitrator, you will not have to pay them if you qualify for a waiver. You have three options to show you qualify for a waiver.

- 1. You are receiving financial assistance under one or more of the programs provided on the next page. *Fill out Pages 4 and 5.*
- 2. Your gross monthly household income is less than one of the limits on the next page. *Fill out Pages 4 and 5*.
- 3. Your income is not enough to pay for the common necessities of life for you and the people in your family, plus also pay for the filing fee and the fees and expenses of the Neutral Arbitrator. *Fill out Pages 4 8*.

Please note: A copy of this form is given to Kaiser. While Kaiser may object to the request for a waiver, the Office of the Independent Administrator (OIA) decides whether to grant this waiver. See Rule 13. The OIA keeps all information on this form confidential. Return this form to:

Office of the Independent Administrator 635 S. Hobart Blvd., #A35 Los Angeles, CA 90005 E-Mail: oia@oia-kaiserarb.com Fax: 213-637-8658

Name of Arbitration	Arbitration Number			
I request an order by the Independent Administrator that I do not have to pay the \$15 filing fee or the fees and expenses of the Neutral Arbitrator.				
My name:				
Street or mailing address::				
City:		Zip:		
My job is:				
Employer's name:				
Employer's address:				

		Social Security (S d Tribal TANF	SSI), or State S	upplemental Pay	ment (SSP)
	_ IHSS	Cal Fresh, or SN General Relief (ral Assistance (G.	.A.)
	_ Unemployment	t			
	ecked any of the li		not need to fill	out the rest of the	e form. Sign
provided	on this form and a	all attachments ar	e complete, true	te of California that and correct. I wa the Neutral Arbitra	ive any claim
 Γvpe or P	Print Name	Signat	ure		Date
2My					
Number	in Family	Number in	Family		Family
Number I	Income	Family	Income	Family	Income
Number I				Family	
Number in Samily Dine	\$2,430.00 \$3,286.67	Family Four Five	Income \$5,000.00 \$5,856.67	Family Each Add'l	Income
·	Income \$2,430.00	Family Four	Income \$5,000.00	Family Each Add'l	Income
Number of Family One Two Three If you che	\$2,430.00 \$3,286.67 \$4,143.34 ecked #2, fill in the monthly income and the company of the compan	Family Four Five Six e blank lines in this sess monthly incon	\$5,000.00 \$5,856.67 \$6,713.34 ne following part The numbrate is less than the	Family Each Add'l Person ragraph below. er of persons livin ne amount shown a	g in my house above, sign be
Number Family One Two Three If you che My gross s and return below. I declare to	\$2,430.00 \$3,286.67 \$4,143.34 ecked #2, fill in the monthly income in pages 4 and 5 to under penalty of pon this form and a	Family Four Five Six e blank lines in the Sis monthly inconthe OIA. You do serjury, under the all attachments ar	\$5,000.00 \$5,856.67 \$6,713.34 The number is less than the not need to fill laws of the State complete, true	Family Each Add'l Person ragraph below.	g in my house above, sign be e form. Sign

If neither #1 nor #2 applies, please continue.

		•	line 3 above, please compl	ete items 4, 5, 6, 7, 8. Signature	gn on page 8. Return
am	3 pag	ges to the OIA	•		
4.	My	income and e	xpenses change significan	tly from month to montl	nYesNo
No inc	te: I	f you checked and average m	yes for #4, in each of the fo	ollowing items enter your he previous 12 months.	average monthly
5.	M	onthly Incom	e		
	a.	My gross mo	onthly pay is: \$	·	
	b.	My monthly	payroll deductions: (specif	y purpose and amount.)	
		i.		\$	
		ii.		\$	
		iii.		\$	
		iv.		\$\$	
		v.		\$	
		vi.		\$	
	c.	My total mo	onthly payroll deductions:	\$	
	d.	My net mon (Subtract Lin	thly pay: ne c, total monthly payroll c	\$ leductions from Line a, gr	oss monthly pay)
	e.	My monthly	income from other sources	::	
		Source:		Amount:	
		a		\$	
		b		\$	
		c		\$	
		Total income	from other sources:	\$	

6. My Monthly Financial Obligations

a. Persons living in my home for whom I have a financial responsibility

Name	Age	Relationship	Gross Monthly Income

My Mont	hly Financial Obligations	
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.	Total Monthly installment payments	\$
1	Total Monthly Financial Obligations	¢

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