

ACMAS

LOS ANGELES COUNTY BAR ASSOCIATION

Attorney-Client Mediation and Arbitration Services
P.O. Box 55020 Los Angeles, CA 90055-2020

The Arbitration Committee accepts the "Client's Petition for Arbitration" for disputes involving attorney fees without regard to a petitioner's ability to pay.

If the filing fee for arbitration is beyond your ability to pay, you may request to have some or the entire filing fee waived or arrange for partial payments (See Rule 14(c) of Rules for Conduct of Mandatory Arbitration of Fee Disputes Pursuant to Business and Professions Code §6200 et. seq.). 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.

If you would like to pay the filing fee in three monthly installments, complete the form below and return it with the first installment. You must pay the entire filing fee before the program will assign a mediator, arbitrator or panel of arbitrators to handle the fee dispute. NOTE: If you are paying in three installments, it is not necessary to complete the fee waiver application.

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

Tel:

213.896.6426

Fax:

213.833.6718

www.lacba.org

TEAR OFF

Name: _____ Phone: _____

Address: _____

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

I understand mediation/arbitration will not proceed until the entire filing fee is paid.

Enclosed is my first payment of _____

I will pay the remaining balance in 2 monthly payments.

Signature

Date

X-16
02/10

(7) Filing Fee - To determine the filing fee normally payable in a case this size, please check page 1 of the Petition for Fee Arbitration and record fee here.

\$ _____
Applicant Spouse (Live-In)

III. **MONTHLY INCOME AND EXPENSE STATEMENT**

A. **Monthly Income & Income Adjustments**

(1) Gross monthly income from:

Salary and wages* (including commissions, bonuses and overtime).....	\$	\$
Pensions and retirement benefits.....	\$	\$
Social Security.....	\$	\$
Disability and unemployment insurance.....	\$	\$
Public assistance (welfare, AFDC payments, etc.).....	\$	\$
Child/Spousal support.....	\$	\$
Dividends and Interest.....	\$	\$
All other sources (i.e., rent, etc.).....	\$	\$
<hr/>		
Total <u>Monthly</u> Income.....	\$	\$

(2) Itemize deductions from gross income:

Income taxes (state and federal).....	\$	\$
Social Security (FICA).....	\$	\$
Medical or other insurance.....	\$	\$
Union or other dues.....	\$	\$
Retirement or pension fund.....	\$	\$
Savings plan.....	\$	\$
Other: (specify).....	\$	\$
.....	\$	\$
<hr/>		
Total deductions.....	\$	\$

(3) **Net monthly take-home income..(1-2).....** \$ _____ \$ _____

*If unemployed, explain why _____

B. **Total Monthly Expenses:**

List name, age, and relationship of all members of the household whose expenses are included. (If separated or divorced, indicate any of the below expenses spouse pays - listing the amount.)

(1) <u>General Monthly Expenses</u>	<u>Applicant</u>	<u>Spouse (Live-In)</u>
Rent or mortgage payments (including property taxes and homeowner insurance).....	\$	\$
Food.....	\$	\$
Utilities and telephone.....	\$	\$
Clothing.....	\$	\$
Medical and dental (unreimbursed).....	\$	\$
Insurance (life, health, accident, etc.).....	\$	\$
Child Care.....	\$	\$
My payment of child/spousal support.....	\$	\$
Entertainment.....	\$	\$
Incidentals.....	\$	\$
Transportation and auto expenses (insurance, gas, oil, repair but not including loan payments).....	\$	\$
Auto Loan.....	\$	\$
Auto Maintenance.....	\$	\$
Total installment payments (itemize below).....	\$	\$
Total credit card payments (itemize below).....	\$	\$
All Other (itemize) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____	\$ _____

(2) <u>Installment Payments</u>		<u>Monthly Payment</u>	<u>Balance</u>
<u>Creditor</u>	<u>For</u>		
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
_____	_____	\$	\$
Total Installment Payments		\$	

(3) Credit Cards

<u>Account Number</u>	<u>Credit Limit</u>	<u>Monthly Payment</u>	<u>Balance</u>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Credit Card Payments		\$ _____	

IV. ASSETS

	<u>Applicant</u>	<u>Spouse (Live-In)</u>
Cash on Hand.....	\$ _____	\$ _____
Checking accounts.....	\$ _____	\$ _____
Savings accounts.....	\$ _____	\$ _____
Auto/truck (make & year).....	\$ _____	\$ _____
Other vehicles.....	\$ _____	\$ _____
Home.....	\$ _____	\$ _____
Other real estate.....	\$ _____	\$ _____
Furniture and appliances.....	\$ _____	\$ _____
Stocks and bonds.....	\$ _____	\$ _____
Pension and retirement funds.....	\$ _____	\$ _____
Life insurance cash value.....	\$ _____	\$ _____
Other.....	\$ _____	\$ _____
TOTAL PROPERTY:		\$ _____

For any property listed above which is subject to any obligations or loans not already described, specify the following:

<u>Asset (Describe)</u>	<u>Value of Asset</u>	<u>Amount of Obligation or Loan</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

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) (Address)

If the proceeding results in an award in my favor ordering payment of any amount to me by the other party, I agree to pay the Los Angeles County Bar Association's Attorney-Client Mediation and Arbitration Services 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:

PRINTED NAME

Date: _____

Mail to: **Attorney Client Mediation and Arbitration Services
Los Angeles County Bar Association
P.O. Box 55020
Los Angeles, CA 90055**

IF THIS DOCUMENT IS FAXED, WE MUST RECEIVE THE DOCUMENT WITH AN ORIGINAL SIGNATURE ON IT WITHIN 5 DAYS OR YOUR REQUEST WILL NOT BE CONSIDERED