



# Affidavit in Support of Administrative Fees Hardship Waiver

CPR CASE NO: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

GROSS PAY OR WAGES: \_\_\_\_\_ \$  
Gross pay is the amount of money you earn before taxes are taken out. PER:  WEEK  MONTH  YEAR

TAKE-HOME PAY OR WAGES: \_\_\_\_\_ \$  
Take-home pay is the amount of money you receive after taxes are taken out. PER:  WEEK  MONTH  YEAR

NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

NUMBER OF ADULTS (OVER 18 YEARS OLD) IN YOUR HOUSEHOLD: \_\_\_\_\_

NUMBER OF CHILDREN (UNDER 18 YEARS OLD) 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).

ADDRESS: \_\_\_\_\_  
(Household) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Employer) \_\_\_\_\_



## 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

DISABILITY OR WORKERS COMPENSATION

OTHER FINANCIAL SUPPORT OR INCOME (STATE SOURCE, AMOUNT AND FREQUENCY)

## Assets

TOTAL CASH AND/OR CHECKING ACCOUNTS \$ \_\_\_\_\_

TOTAL IN CDS AND SAVINGS ACCOUNTS \$ \_\_\_\_\_

VALUE IN LIQUID INVESTMENTS (MUTUAL FUNDS, ETFs, ETC.) \$ \_\_\_\_\_

VALUE OF OTHER INVESTMENTS (STOCKS, BONDS, TRUSTS) \$ \_\_\_\_\_



## Attorney Fees

ATTORNEY'S FEES: \$ \_\_\_\_\_

My representative is working on a contingency basis or pro bono:  YES  NO

## Other

ANY OTHER FACTORS YOU WOULD LIKE US TO CONSIDER:

Do NOT attach any documents containing personal information, such as Social Security Number, without blanking out such data.

I am a party to this case and declare that I do not have the financial means sufficient to pay CPR's administrative fees. I understand that any hardship waiver, if granted, does not affect my separate obligations 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

\_\_\_\_\_  
DATE

Please complete and save this form in **.pdf** format and email it to [CPRNeutrals@cpradr.org](mailto:CPRNeutrals@cpradr.org).

OR MAIL TO:

**CPR Dispute Resolution Services LLC**  
**560 Lexington Avenue, 2nd Floor, New York, NY 10022**