Oregon State Bar

HARDSHIP EXEMPTION REQUEST FORM

Hardship Exemption Information

In case of proven extreme hardship, payment of annual membership fees and assessments of an active or inactive member may be exempted or waived by the Chief Executive Officer in accordance with OSB Bylaw 6.7.

Exemptions for extreme hardship for annual membership fees and assessments will be approved only if **BOTH** of the following conditions exist: (1) physical or mental disability that impacts the member's ability to work, and (2) extreme financial hardship. Hardship exemptions are for a one-year period only, and requests must be resubmitted annually. **Requests for waiver or exemption must be received by the Chief Executive Officer on or before January 31 of each year**.

This form must be completed by the applicant or a person responsible for the applicant's affairs and must be clearly show how the applicant meets the two criteria for the waiver or exemption. A description of the nature and length of any disability is required. Normally, the disability must be anticipated to extend for the entire period of the exemption.

This application must be accompanied by:
a) a statement from the applicant's physician confirming the disability and duration, and
b) a copy of the applicant's most recently filed IRS 1040 (or 1040A) form (other schedules are not required; applicants may mask the social security numbers on the tax return.) Applications will not be processed without this documentation.

NAME: _____   **6-Digit Bar #:** ☐ ☐ ☐ ☐ ☐ ☐

FEES YEAR: _____   ☐ I am an active member of the Bar ☐ I am an inactive member of the Bar

Please describe the nature of your disability. Include prognosis and length of disability, if known. If you are receiving disability payments, please indicate if this is a private disability plan or if you are receiving benefits through SSI. (Attach additional sheets, if necessary)
_____
_____
_____
_____
_____
_____
_____

Please list monthly household gross income *(must include spouse income)* and expenses.

Amount	Source	Amount	Expense (rent, heat, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list savings account balance(s), money market fund(s) or other accumulated savings. Please do not list 401K or retirement accounts.
_____   _____
_____   _____

I certify that the information included above is accurate to the best of my knowledge.

_____   _____
Member Signature (or guardian)   **Date**