



**AMERICAN ARBITRATION ASSOCIATION AFFIDAVIT
IN SUPPORT OF ADMINISTRATIVE FEES
HARDSHIP WAIVER — SMALL BUSINESS OWNER**

If business has multiple owners, submit a form for each owner that is not a member of the same household.

AAA Case No:		
Your name:		
Gross pay or wages for household: \$ _____ per week/ month / year (select one) <i>Gross pay is the amount of money you earn before taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</i>		
Take-home pay or wages for household: \$ _____ per week/ month / year (select one) <i>Take-home pay is the amount of money you receive after taxes are taken out. The amount entered should represent the pay/wages for each adult in household, listed in the section below.</i>		
Number of people in your household: Number of adults (over 18 years old) in your household: Number of children (18 years old or under) in your household: <i>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).</i>		
Address:		
City:	State:	Zip Code:
Employer:		
Employer address:		
City:	State:	Zip Code:
Additional Income for all Household members		
Bonuses (including frequency):		
Amount and types of government assistance (including frequency):		
Business, profession or other self-employment income (including frequency):		
Rent payments received, interest, or dividends (including frequency):		
Pension, annuity or life insurance payments received (including frequency):		
Disability, or workers compensation payments (including frequency):		
Other financial support or income, (state source and amount you receive, and frequency):		
Assets		
Total cash and/or checking accounts: \$		
Total in CDs and savings accounts: \$		
Value of liquid investments (mutual funds, ETFs, etc.):		
Attorney's fees: \$	My representative is working on a contingency basis or pro bono Yes No	



Business Information

Name of business:

Describe business:

Address:

City:

State:

Zip Code:

Number of employees:

Organization/business type:

(General/Limited Partnership/Sole Proprietorship/Corporation/Limited Liability/Company)

Date business established:

How many years in operation?

Is business still in operation? Yes No

Gross annual business revenue:

Net annual business revenue:

Operating expenses:

Do you, or others, draw income from this business. If so, how much and at what frequency?

For profit: Yes No

Business Assets

List each existing business bank account including the current amount in each:

Value of all business investments:

List all lines of credits and funds available:



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Any other factors you would like us to consider (do NOT attach bank statements, tax returns, or any other documents):

I am a party to this case and declare that I do not have the financial means sufficient to pay the AAA's administrative fees. I understand that any hardship waiver, if granted, does not affect my separate obligation to pay arbitrator compensation. I hereby swear and affirm that the foregoing is a true and correct statement of my financial condition, as well as the financial condition of the business, and my ability to pay.

Signature

Date

Please email completed form to AAafeewaivers@adr.org.

Or mail to:
American Arbitration Association
Attn: Fee Waivers
1301 Atwood Avenue
Johnston RI, 02919