

**NEW HAMPSHIRE BAR ASSOCIATION
DUES & COURT FEES ASSISTANCE PROGRAM**

Revised Process Approved by the Board of Governors May 19, 2016

What Are the Qualifications & Application Procedures?

Any member of NHBA suffering a serious hardship may apply for partial or full dues assistance for NHBA dues and mandatory Court fees, **provided the request is made within sixty (60) days of the membership dues billing.**

The dues and Court fees assistance application form asks applicants to certify that payment of dues and Court fees would pose a serious financial hardship for them. Examples of hardship include but are not limited to prolonged periods of unemployment with proof of resulting economic hardship, costly medical problems and other serious financial issues. Members of the NHBA Board of Governors review each request for waiver of NHBA dues and mandatory Court fees. Detailed financial information assists the Board of Governors in assessing the requested waiver. The Board of Governors reviews each request and weighs the hardship against those interests of the Association as a whole. In addition to the application NHBA may request additional or supporting information.

ALL APPLICATIONS ARE CONFIDENTIAL and the information will not be shared outside the decision making process.

What is the deadline date for applying?

The Dues & Court Fees Assistance Application and Financial form must be submitted to the Bar Association **within 60 days of the invoice date.** This applies to the annual dues mailings in June and to those dues invoices mailed to new admits at other times during the year.

How Much Will NHBA Dues and Court Fees Be Reduced?

Upon receipt of an annual dues invoice, applicants may request a partial or full waiver of their dues and Court fees.

How Long May One Receive Dues & Court Fees Assistance?

Assistance is granted for a one-year period only. Each year in June, the member will receive an invoice at the full NHBA dues rate. If there is still a financial hardship that necessitates dues and Court fees assistance, members need to re-apply through the same procedures. No more than 3 waivers, in a 5 year period, will be considered unless otherwise waived by the Board of Governors. Waivers for consecutive years will be scrutinized more closely.

Benefits & Section Dues Affected?

Reducing a portion or all of dues and Court fees will not affect membership benefits, as applicants are entitled to the same full benefits as any other member. Section dues, however, are not eligible under the NHBA Dues & Court Fees Assistance Program and must be paid in full.

**NEW HAMPSHIRE BAR ASSOCIATION
DUES & COURT FEES ASSISTANCE PROGRAM APPLICATION**

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This application serves as a request for **dues assistance** for the New Hampshire Bar Association (section dues are not eligible to be reduced) **and Court Fees**.

The dues and court fees assistance application form must be submitted to the Bar Association **within 60 days of the invoice date**.

Name: _____

(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member ID Number: _____

Describe in detail the reason(s) for your request (attached additional sheets if necessary). Requests supported by financial statements such as is attached will assist in the review of your application.

Based on the information above, I request a [] Full [] Partial waiver of ___% of my NHBA dues and Court fees.

I certify that all information on and included with this application and all information submitted with it is accurate to the best of my knowledge. My financial circumstances are such that full payment of dues and Court fees will result in additional serious financial hardship.

Signature Date

Please send no money today – you will be billed for the correct amount once we have received your application and it has been reviewed. Return the application to:

NHBA 2 Pillsbury Street, Suite 300 Concord, NH 03301
Phone: 603-715-3279 Fax: 603-224-2910 Email: memberrecords@nhbar.org

**FINANCIAL FORM
FOR
NHBA DUES & COURT FEES ASSISTANCE**

Applicant Information

Name: _____ Date of Birth: _____

Former names used: _____

Address: _____

Phone: _____ Marital Status: _____

Fax: _____ Email: _____

Current Employer: _____

Other Bar Associations you are a member of: _____

Household Members and Employment Income for each member of your household

List income before taxes and other deductions

Name	Relationship to Applicant	Gross Weekly Income	Income Source

Other Income

Source	Received by	Amount Received	How Often
TANF/Welfare			
Child Support			
Social Security			
Other			

Assets

Asset Type	Name on Account	Current Balance
Checking Account		
Savings Account		
Retirement Account		
Stocks/Bonds/CD		
Other		

Real Estate/Autos	Market Value	Balance Owed	Location	Owned by
Home				
Land				
Other: Camp/Timeshare				
Auto				
Auto				

Attach additional pages as needed. I certify that the information contained in the affidavit is true and correct:

Signature: _____ Date: _____