

**STATE BAR COURT
HEARING DEPARTMENT -**

Applicant Name: Address: Phone No.: E-mail Address: Counsel (if applicable): State Bar No.: Address: Phone No.: E-mail Address:	For Court's Use Only:
In the Matter of: File # <i>(if applicable)</i> Former Bar Number <i>(if applicable)</i>	Case Number (to be assigned by State Bar Court): APPLICATION FOR WAIVER OF FILING FEE (Rules of Procedure of the State Bar, Rule 5.32)
Type of Filing for Which Fee Waiver is Requested: <input type="checkbox"/> Petition for Reinstatement <input type="checkbox"/> Moral Character Proceeding <input type="checkbox"/> Other <i>(Please specify.)</i>	
<p>NOTICE: Litigants in the State Bar Court with an annual gross individual income below the level set in Rule 2.15 of the Rules of the State Bar are eligible to have any applicable State Bar Court filing fee waived. Please read <i>Instructions for Application for Waiver of Filing Fee</i> before completing this form. Use of this form is mandatory.</p>	

Documentation is not required to be submitted with this application but may be attached. After the waiver application has been submitted, the court may, in its discretion, request additional documentation.

I have attached the following documentation to this application *(Please list all documents attached.):*

