STATE BAR COURT
REVIEW 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: State Bar Number (*if applicable)*	Case Number: **APPLICATION FOR WAIVER OF PAYMENT OF TRANSCRIPT PREPARATION COSTS** (Rules of Practice of the State Bar Court, rule 1311)

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 (currently $60,478.35) are eligible for waiver of the cost of having a transcript prepared for purposes of seeking review pursuant to rule 5.151 of the Rules of Procedure. Please read *Instructions for Application for Waiver of Transcript Preparation Costs* before completing this form. **Use of this form is mandatory.**

This application and the information and documentation submitted with it will be kept confidential. However, the fact that an application for waiver of transcript costs has been submitted and the court's determination to grant or deny the application will not be confidential, and the order granting or denying the application will be served on all parties to the case.

A litigant applying for a waiver of transcript preparation costs must submit either a copy of their most recent Tax Return Form 1040 or 1040A and any schedules or, if no tax return was filed within the previous two years, a completed Attachment A - Transcript Cost Waiver Financial Declaration. 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:

☐ A copy of my most recent Tax Return Form 1040 or 1040A within the previous two years and any schedules; **or** a completed Attachment A – Transcript Cost Waiver Financial Declaration

☐ Additional documents (*If attaching additional documents, please list all documents attached*):

I, _____, the above-named applicant hereby declare:

In tax year _____ my total gross annual individual income from all sources was less than $60,478.35.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ _____ _____

Applicant's Signature **Print Name**

Date: _____ _____ _____

Applicant's Counsel's Signature **Print Name**