WASHINGTON STATE
B A R   A S S O C I A T I O N

Regulatory Services Department

Reduction of Reinstatement Fees Request Form

The WSBA Policy for Waiver or Reduction of, or Extension of Payment for, Annual License and Reinstatement Fees provides:

WSBA employees will reduce the reinstatement fee for the following reasons:

1. If WSBA error was the cause, such as failure to correctly process a member's change of contact information.

2. If members notify the WSBA of extraordinary personal circumstances that prevented them from paying license fees or applying for reinstatement in a timely manner. Extraordinary personal circumstances include a serious medical emergency, a death of a close family member or close friend, a significant health problem, and extreme financial hardship. Extreme financial hardship is defined as annual household income equal to or less than 200% of the federal poverty level (aspe.hhs.gov/poverty-guidelines) as determined based on the member's household income for the last 12 months or the immediately preceding calendar year. Members must submit a written request for a waiver under this section on a form provided by the WSBA. The WSBA may require reasonable documented proof of the extraordinary personal circumstances.

CERTIFICATION

I, _____, License No. _____, hereby submit a request for a reduction in reinstatement fees because the following reason(s) prevented me from paying license fees or applying for reinstatement in a timely manner:

☐ WSBA error was the cause, such as failure to correctly process a change of contact information.
☐ Extreme financial hardship: Annual gross household income: _____ Persons in household: _____
☐ Other extraordinary personal circumstances, as defined in no. 2 above.

Describe the nature of your circumstances and how it prevented you from paying license fees or applying for reinstatement in a timely manner (attach a separate page if necessary):

I certify under penalty of perjury under the laws of Washington that the foregoing is true and correct to the best of my knowledge.

_____   _____   _____
Signature   **Date**   **Place signed (city, state)**

This form may be emailed to statuschanges@wsba.org, faxed to 206-727-8313, or mailed to the address below.