

WASHINGTON STATE BAR ASSOCIATION

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 270% 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.



1325 4th Avenue | Suite 600 | Seattle, WA 98101-2539
800-945-9722 | 206-443-9722 | questions@wsba.org | www.wsba.org