

# WASHINGTON STATE BAR ASSOCIATION

Regulatory Services Department

## Late Payment Fee Waiver Request Form

The WSBA [Policy for Waiver or Reduction of, or Extension of Payment for, Annual License and Reinstatement Fees](#) provides:

WSBA employees will waive the late payment 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 provide reasonable proof that they made their payments in time even though WSBA has no record of receiving it.
3. If members notify the WSBA of extraordinary personal circumstances that prevent them from making their payments by the due date. 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](https://aspe.hhs.gov/poverty-guidelines)) as determined based on the member's household income for the calendar year immediately preceding the calendar year for which the member is seeking the request. 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 late payment fee waiver because the following reason(s) prevented me from making my payment by the due date:

- ☐ WSBA error was the cause, such as failure to correctly process a change of contact information.
- ☐ Payment was made in time even though WSBA has no record of receiving it (reasonable proof must be provided).
- ☐ Extreme financial hardship: Annual gross household income: \_\_\_\_\_ Persons in household: \_\_\_\_\_
- ☐ Other extraordinary personal circumstances, as defined in no. 3 above.

Describe the nature of your circumstances and how it prevented you from making your payment by the due date (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 [licensing@wsba.org](mailto:licensing@wsba.org), faxed to 206-727-8313, or mailed to the address below.



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