



**CPR INTERNATIONAL INSTITUTE FOR CONFLICT PREVENTION AND RESOLUTION**  
**AFFIDAVIT IN SUPPORT OF ADMINISTRATIVE FEES HARDSHIP WAIVER**

CPR Case No:

Date

Your name:

Gross pay or wages: \$

Per (select one):

week

month

year

*Gross pay is the amount of money you earn before taxes are taken out.*

Take-home pay or wages: \$

Per (select one):

week

month

year

*Take-home pay is the amount of money you receive after taxes are taken out.*

Number of people in your household

Number of adults (over 18 years old) in your household

Number of children (under 18 years old) in your household

*Household means the number of people you can claim as a dependent on your income tax returns, including you and your spouse or partner (if you are married).*

Address

City

State

Zip Code

Employer

Employer address

City

State

Zip Code

**Additional Income**

Bonuses (including frequency)

Amount and types of government assistance

Business, profession or other self-employment income:

Rent payments received, interest or dividends

Pension, annuity or life insurance payments received

Disability or workers compensation

Other financial support or income (state source, amount and frequency)

**Assets**

Total cash and/or checking accounts \$

Total in CDs and savings accounts \$

Value in liquid investments (mutual funds, ETFs, etc.) \$

Value of other investments (stocks, bonds, trusts) \$

**Attorney Fees**

Attorney's fees \$

My representative is working on a contingency basis or pro bono Yes  
No

Any other factors you would like us to consider  
(do **NOT** attach any documents containing  
personal information, such as Social Security  
Number, without blanking out such data):

I am a party to this case and declare that I do not have the financial means sufficient to pay CPR's administrative fees. I understand that any hardship waiver, if granted, does not affect my separate obligations to pay arbitrator compensation. I hereby swear and affirm that the foregoing is a true and correct statement of my financial condition and my ability to pay.

**Signature**

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**Please complete and save this form in *.pdf* format and email it to [CPRNeutrals@cpradr.org](mailto:CPRNeutrals@cpradr.org)**

**Or mail to:  
CPR International Institute for Conflict Prevention and Resolution  
30 East 33rd Street, 6th Floor  
New York, NY 10016**