

# STATE BAR OF MONTANA

## DISABILITY DUES WAIVER REQUEST FORM

Members of the State Bar of Montana in a good standing who become disabled may request a full or partial waiver of dues until they are able to return to work. The waiver is for one year only, renewable for up to five years. This waiver applies to dues ONLY. The State Bar of Montana does not have authority to waive Court-ordered fees or assessments. Forms are viewed only by the appropriate staff with final approval by the Executive Director.

### Eligibility:

- Only those applicants who have been State Bar of Montana members for one year or more are eligible to apply.

### Requirements:

Applicants must complete this form and provide the following:

1. A written request to the State Bar of Montana stating that the payment of dues would be a financial hardship;
2. Proof of disability by attaching a statement from an attending physician, from the Social Security Administration or from a disability insurance company;
3. Verification of continued disability every two years. Disabled members shall have all the rights and privileges of a regular member in their respective status category.

I am applying for a waiver of State Bar dues because of physical disability that precludes me from practicing as an attorney. I want to remain a member of the State Bar of Montana, but payment of dues would be a financial hardship. Initial \_\_\_\_\_

I request a dues waiver of:  10%  25%  50%  100%

Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail : \_\_\_\_\_ Phone : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed form by e-mail, fax or mail to:*

State Bar of Montana

P.O. Box 577

Helena, MT 59624

E-mail: [jdiveley@montanabar.org](mailto:jdiveley@montanabar.org)

Fax: (406) 442-7763

If you have questions or need assistance, please call (406) 442-7660.