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**FEE WAIVER APPLICATION**

I, \_\_\_\_\_ hereby submits an application for waiver of the annual license fee required by State Bar of New Mexico.

- 1. The Applicant is a member in good standing of the State Bar of New Mexico.
- 2. Applicant is either: **(circle one under item 2)**
  - a. ...seventy (70) years of age or older,
  - OR
  - b. ...has a physical or mental impairment which currently prevents Applicant from engaging in any substantial gainful employment and Applicant expects to have such impairment continue into the year for which the fee waiver is requested. The nature of the physical or mental impairment is:

\_\_\_\_\_  
\_\_\_\_\_

OR

- c. ...has an extreme hardship which currently prevents Applicant from engaging in any substantial gainful employment and Applicant expects to have such hardship continue into the year for which the fee waiver is requested. The nature of the hardship is:

\_\_\_\_\_  
\_\_\_\_\_

**AND**

- 3. Applicant had a gross income, from all sources derived, of less than Thirty Thousand Dollars (\$30,000) as of the previous licensing year and expects to receive income no greater than this same amount for the current licensing year.

I understand and agree that any information on this application may be shared with the Supreme Court, Disciplinary Board, Board of Bar Examiners and Minimum Continuing Legal Education.

**Upon request** a true copy of my last filed tax return and medical record will be provided.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

**I certify that the answers given herein are true and complete to the best of my knowledge.**