

## **MANDATORY FEES & FILING ASSISTANCE PROGRAM**

Revised Process Approved by the NHBA Board of Governors on May 4, 2020 and NH Supreme Court NHMCLE Board on April 30, 2020.

### **What Mandatory Fees and Filings are included in the Assistance Program?**

NH Bar Association membership dues, NH Supreme Court Professional Conduct Committee/Attorney Discipline Office fee, NH Lawyer Assistance Program fee, Public Protection Fund fee and NHMCLE fee and NHMCLE Affidavit.

### **What Are the Qualifications & Application Procedures?**

Any lawyer suffering a serious hardship may apply for partial or full waiver for NHBA dues and mandatory Court fees as well as request to be exempted from meeting the minimum CLE requirements of NH Supreme Court Rule 53.1 B, in whole or in part.

The Assistance Application form asks applicants to certify that payment of NHBA dues, NH Supreme Court fees and/or meeting the requirements of Supreme Court Rule 53 for continuing legal education would pose a serious hardship for them. Examples of hardship include but are not limited to prolonged periods of unemployment with proof of resulting economic hardship, costly medical problems and other serious financial or health issues. Waiver Committees of the NHMCLE Board and NHBA Board of Governors review each request for waiver. Detailed financial information assists the Waiver Committees in assessing and deciding the result of the requested waiver. In addition to the application, the Waiver Committees may request additional or supporting information from the applicant.

ALL APPLICATIONS ARE CONFIDENTIAL, and the information will not be shared outside the decision-making process.

### **What is the deadline to apply for assistance?**

The Assistance Application and Financial form must be submitted to the NH Bar Association Member Records Coordinator as soon as possible after the June 1 start of annual licensure renewal. Waivers for or that include NHBA dues must be submitted **within 60 days of the licensure renewal invoice date**. The 60-day rule applies to the annual licensure renewal mailings each June and to those invoices mailed to new admittees at other times during the year.

### **What if I cannot complete required continuing legal education by the deadline?**

Lawyers may be exempted from meeting the minimum continuing legal education requirements of Rule 53.1 B, in whole or in part, by the NHMCLE Board Waiver Committee, upon completing the Assistance Application and Financial form, for compelling reasons. Such reasons may include, but are not limited to, physical or other disability which prevents compliance with this rule during the period of such disability. Applicants may also request an extension of time to file in lieu of requesting an exemption from filing.

### **How Much Will NHBA Dues and NH Supreme Court Fees Be Reduced?**

Upon receipt of the annual licensure renewal or new admittee invoice, applicants may request a partial or full waiver of their NHBA dues and NH Supreme Court fees. Applicants may also request an extension of time to pay the assessments in lieu of a partial or full waiver.

### **How Long May One Receive NHBA Dues & NH Supreme Court Fees & Filing Assistance?**

Assistance is granted for a one-year period only. Each year in June, lawyers receive a notice which includes an invoice at the full NHBA dues and NH Supreme Court fee rate based upon their NHBA membership status. If there is still a financial hardship that necessitates dues, Court fees or NHCLE compliance assistance in a subsequent year, lawyers must re-apply through the same process. No more than three (3) waivers, in a five (5) year period, will be considered unless otherwise waived by the respective Boards. Waivers for consecutive years will be scrutinized more closely.

### **Are My Membership Benefits & Section Dues Affected?**

Reducing a portion or all NHBA dues and/or NH Supreme Court fees or receiving a waiver of the NHCLE filing requirement will not affect NHBA member benefits as applicants are entitled to the same benefits as any other member with the same membership status. Section dues, however, are not eligible for waiver under the Assistance Program as the membership fee is voluntary and, therefore, must be paid, in full, annually to participate in the program.

### **THIS YEAR ONLY: NHCLE Affidavit Filing Automatic Extension**

In light of the ongoing COVID-19 pandemic, an attorney who fails to file the certification of NHCLE compliance on or before July 1, 2020, will receive an automatic extension of time to file that certification, without imposition of a delinquency assessment or fine. In the event an attorney fails to comply with the extended NHCLE requirement, the attorney will be assessed a one-time NHCLE delinquency fee of \$300 on September 2, 2020. The extension of deadline does not apply to the date for payment of 2020/2021 annual bar dues and court fees; nor does it apply to the date for filing a completed Trust Accounting Compliance Certification.

**ASSISTANCE PROGRAM APPLICATION**

This application serves as a request for **NH Bar Association dues assistance, NH Supreme Court fees** and exemption from meeting **NHMCLE filing & fee** requirements.

The assistance application must be submitted to the NHBA Member Records Coordinator as soon as possible after the June 1 start of annual licensure renewal. Waivers for or that include NHBA dues must be submitted **within 60 days of the licensure renewal invoice date**.

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

Describe in detail the reason(s) for your request (attach additional sheets if necessary). Requests supported by financial statements such as is attached will assist in the review of your application.

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

Based on the information above, I request a(n)  Full waiver,  Partial waiver of \_\_\_\_\_%,  Waiver of Delinquency Fee(s),  Extension of time to pay,  No waiver of my NHBA Dues and NH Supreme Court Fees.

Based on the information above, I request a  Full waiver,  Partial waiver,  Extension of time to file,  No waiver of NH Supreme Court Rule 53 NHMCLE Requirement.

I certify that all information submitted with this application is accurate to the best of my knowledge.

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

Please send no payment with this application – you will be notified of the Waiver Committees’ decision(s) once your application has been reviewed and a determination made.

Please return the application or forward questions to:

**NHBA, Member Records Coordinator, 2 Pillsbury St, Ste 300, Concord, NH 03301**  
Or send email to [memberrecords@nhbar.org](mailto:memberrecords@nhbar.org)

**FINANCIAL FORM  
FOR  
ASSISTANCE REQUEST**

**Applicant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former names used: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Other Bar Associations you are a member of: \_\_\_\_\_

**Household Members and Employment Income for each member of your household**

List income before taxes and other deductions

| Name | Relationship to Applicant | Gross Weekly Income | Income Source |
|------|---------------------------|---------------------|---------------|
|      |                           |                     |               |
|      |                           |                     |               |
|      |                           |                     |               |
|      |                           |                     |               |

**Other Income**

| Source          | Received by | Amount Received | How Often |
|-----------------|-------------|-----------------|-----------|
| TANF/Welfare    |             |                 |           |
| Child Support   |             |                 |           |
| Social Security |             |                 |           |
| Other           |             |                 |           |

**Assets**

| Asset Type         | Name on Account | Current Balance |
|--------------------|-----------------|-----------------|
| Checking Account   |                 |                 |
| Savings Account    |                 |                 |
| Retirement Account |                 |                 |
| Stocks/Bonds/CD    |                 |                 |
| Other              |                 |                 |

| Real Estate/Autos        | Market Value | Balance Owed | Location | Owned by |
|--------------------------|--------------|--------------|----------|----------|
| Home                     |              |              |          |          |
| Land                     |              |              |          |          |
| Other:<br>Camp/Timeshare |              |              |          |          |
| Auto                     |              |              |          |          |
| Auto                     |              |              |          |          |

Attach additional pages as needed. I certify that the information contained in the financial form is true and correct:

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