

Scouting Settlement Trust Matrix Claim Pro Se Reconsideration Fee Waiver Form

Pro Se Reconsideration Fee Waiver Form				
Claimant Name	First Name	Middle Initial	Last Name	Suffix
SST Claim ID	SST Claim ID Number			
	SST- _____			

PRO SE CLAIMANT'S AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE \$1,000.00 RECONSIDERATION FEE

Instructions

The Trustee has discretion to waive the \$1,000 Reconsideration Fee in circumstances where she is convinced that you are financially unable to pay the Reconsideration Fee. If you believe you are entitled to a waiver of the Reconsideration Fee, you must present clear evidence of your financial inability to pay.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, claim number, and the question number.

If you are represented by an attorney, **DO NOT** submit this form. Contact your attorney to discuss the reconsideration and fee waiver process. If you are **NOT** represented by an attorney, once you have completed this form, you **MUST** (i) upload this form and all required documents to the Documents Tab, and (ii) e-mail info@scoutingsettlementtrust.com to confirm the submission of this form and all required documents with the subject line "Reconsideration Request Fee Waiver SST-XXXXXX" and include your claim's SST number.

Please note that a failure to comply with all of these requirements timely will result in a denial of your Reconsideration Fee waiver request.

Affidavit in Support of Request

I swear or affirm under penalty of perjury that my answers on this form are true and correct.

Signature: _____

Date: _____

1. For both you and your spouse (or if applicable "joint" for items shared), estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise, rounded to the nearest dollar.

Income source	Average monthly amount during the past 12 months		
	You	Spouse	Joint
Employment	\$	\$	\$
Self-employment	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$
Interest and dividends	\$	\$	\$
Gifts	\$	\$	\$
Alimony	\$	\$	\$
Child support	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$
Unemployment payments	\$	\$	\$
Public assistance (such as welfare)	\$	\$	\$
Other (specify):	\$	\$	\$
Total monthly income:	\$	\$	\$

2. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Expense Type	Amount Paid by You	Amount Paid by Spouse	Amount Paid Jointly
Home-mortgage/Rent (include lot rented for mobile home) Is payment a home-mortgage or rent? Home-mortgage Rent Are real estate taxes included? Yes No Is property insurance included? Yes No	\$	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$	\$
Home maintenance (repairs and upkeep)	\$	\$	\$
Food	\$	\$	\$
Clothing	\$	\$	\$
Laundry and dry-cleaning	\$	\$	\$
Medical and dental expenses	\$	\$	\$
Transportation (not including motor vehicle payments)	\$	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$	\$
Insurance (not deducted from wages or included in mortgage payments)			
Homeowner's or renter's:	\$	\$	\$
Life:	\$	\$	\$
Health:	\$	\$	\$
Motor vehicle:	\$	\$	\$
Other:	\$	\$	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$	\$

Expense Type	Amount Paid by You	Amount Paid by Spouse	Amount Paid Jointly
Installment payments			
Motor Vehicle:	\$	\$	\$
Credit Card(s):	\$	\$	\$
Other:	\$	\$	\$
Alimony, maintenance, and support paid to others	\$	\$	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$	\$	\$
Other (specify):	\$	\$	\$

3. In the table below, identify any money you or your spouse (or *"joint" for items shared*) have in bank accounts or in any other accounts (e.g. brokerage account, money market account, etc.).

For each of the institutions listed below, you must upload a copy of the most recent monthly statement(s) from that institution, *i.e.*, the monthly statement(s) preceding the date your affidavit is signed. **If you do not provide the requested monthly statement(s) for each listed institution, your fee waiver request will be denied.**

Institution	Owner of Account (You/Spouse/Joint)	Type of Account	Amount in Account
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total Amount			\$

4. To the extent that you have cash on hand that is not kept in financial institutions, how much do you and your spouse have on hand today? \$ _____

5. Provide any other information that you believe will help the Trustee understand your financial situation.



6. If you are currently incarcerated, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last twelve months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement for each account.