

Scouting Settlement Trust Matrix Claim Represented Claimant Reconsideration Fee Waiver Form

Represented Claimant Attorney's Fee Waiver Form				
Claimant Name	First Name	Middle Initial	Last Name	Suffix
SST Claim ID	SST Claim ID Number SST- _____			

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

Instructions

While the Trustee has discretion to waive the \$1,000 Reconsideration Fee, it is highly unlikely that the fee will be waived for a represented claimant. However, if you believe your client is entitled to a waiver of the Reconsideration Fee, you must present a compelling reason for the fee waiver including clear financial need of both your law firm and your client.

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.

Once you and your client have completed both the Attorney Financial Information and the Claimant's Financial Information below, you **MUST** upload the fee waiver forms and all other required documents to the Documents Tab and e-mail info@scoutingsettlementtrust.com to confirm the submission of all required documents with the subject line "Reconsideration Request Fee Waiver SST-XXXXXX" and include the claim's SST number.

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

Affidavit in Support of Request

I swear or affirm under penalty of perjury that my answers in this Attorney's Affidavit are true and correct.

Signature:

_____.

Date:

Attorney Financial Information					
Attorney Name	Prefix	First Name	Middle Initial	Last Name	Suffix
Law Firm Name	Firm Name				
Law Firm Address	Street/P.O. Box			Apt./Suite	
	City		State	Zip	
Law firm telephone					
Website of lawyer or law firm					
Type of entity (P.C., partnership, sole practitioner, LLC, non-profit, etc.)					

1. In a brief narrative form, please explain why your law firm does not have the financial resources to advance the \$1,000 Reconsideration Fee on behalf of your client.

2. Does your law firm have a line of credit for use in its business?

☐ Yes ☐ No

If yes, what is the limit and current amount outstanding? You **MUST** provide documentation evidencing the line of credit limit and the amount outstanding on the line of credit.

Limit	Limit	Amount outstanding	Amount

3. Is your firm using litigation financing for this matter?

☐ yes ☐ No

If yes, you **MUST** provide a copy of your litigation financing agreement.

Additional Documents:

You **MUST** also provide the following additional documents in support of your Reconsideration Fee waiver request:

1. A copy of your fee agreement with the client for whom you are requesting a Reconsideration Fee waiver.
2. Copies of all correspondence between you and your client that discusses fees/costs/expenses associated both with your client's claim in general and with respect to the \$1,000 Reconsideration Fee. You may redact other information and may need a limited waiver of the attorney/client privilege to respond.
3. A copy of your quarterly balance sheets for the prior calendar year and current year to date.
4. A current copy of your monthly or quarterly profit & loss statements for the prior calendar year and current year to date.
5. A copy of the most current filed federal income tax return with schedules and K-1 (if applicable). If you have not yet filed a 2023 federal income tax return, please also provide full year balance sheets and profit and loss statements for calendar year 2022.

Please note that a failure to provide copies of all of the required documents timely will result in your Reconsideration Fee waiver request being denied.

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

Instructions

Work with your attorney to complete and submit this form. 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.

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 in this Claimant's Affidavit are true and correct.

Signature: _____

Date: _____

Claimant's Financial Information

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 cash 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.