STATE OF CALIFORNIA
LABOR AND WORKFORCE DEVELOPMENT AGENCY (LWDA)

REQUEST TO WAIVE PAGA FILING FEE (IN FORMA PAUPERIS)

CLAIMANT INFORMATION:
Name: Gian Teed
Address: [FOR CONFIDENTIAL FILING]
Phone: [REDACTED FOR SECURITY]

1. STATEMENT OF FINANCIAL HARDSHIP

I, Gian Teed, am the aggrieved employee filing this PAGA notice against Pebblebrook Hotel Trust, Pyramid Global Hospitality, and Benchmark (Chaminade Resort). I am currently seeking In Forma Pauperis (IFP) status due to significant financial hardship resulting from the retaliatory termination and wage theft described in the accompanying claim.

2. ELIGIBILITY BASIS

My household income is less than 125% of the federal poverty guidelines, and I do not have sufficient liquidity to pay the $75.00 filing fee without sacrificing funds necessary for basic life necessities, including food and housing. My financial standing has been directly impacted by the Joint-Employers' failure to reimburse business expenses and the fraudulent diversion of "Living Wage" surcharges.

3. CONFIDENTIALITY & SECURITY NOTICE

Due to the nature of this filing, which includes reports of unvetted individuals with felony records for financial fraud having access to my personal identifiable information (PII), I request that my financial details and address remain confidential under the maximum protections of the law.

4. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am unable to pay the filing fee for this PAGA notice.

_____ _____

Signature of Claimant Date

Note: This form is intended to satisfy the "similar form" requirement for IFP status as provided in the LWDA PAGA filing portal for individuals facing financial hardship.