Alternative Dispute Resolution Program
Sixth Judicial District

141 West Solomon Street, Suite 200
Griffin, Georgia 30223

Telephone (770)228-3758
Facsimile (770)228-6387

Email: mail@adr6th.org
Website: www.adr6th.org

REQUEST FOR FEE WAIVER OR FEE REDUCTION

The party requesting a fee waiver or reduction for the cost of mediation should complete the following form and return it to the above address **three (3) working days** prior to any scheduled mediation session, unless otherwise arranged. The party requesting the waiver/reduction and the assigned mediator will be notified whether the request is granted prior to the mediation session. **Any of the following will result in automatic disqualification of a fee waiver, regardless of the person's ability to pay: Fee waivers received less than three (3) days prior to the scheduled mediation session *(unless otherwise arranged by ADR Director)*; Incomplete personal information; Failure to disclose requested financial information; False or incomplete financial information; Improperly completed fee waivers.** If you need assistance with this form, please call (770)228-3758 between 8:30 a.m. and 5:00 p.m.

NAME:_____

CASE NAME/STYLE:_____

COUNTY CASE FILED: _____ **CIVIL ACTION FILE #:**_____

I, _____, personally appeared before the undersigned officer duly authorized to administer oaths in the State of Georgia, and having been sworn, state the following:

-1-

Affiant is above the age of eighteen (18) year, under no legal disability, and has personal knowledge sufficient to make this affidavit in connection with the above-styled action.

-2-

Affiant is the Plaintiff/Defendant (circle one) in the above referenced case which has been ordered to mediation. Affiant is unable to pay.

-3-

Affiant (*applicant*) provides the following information:

Social Security #:_____XXX-XX-_____

Attorney:_____

Current Employer:_____

Supervisor's Name and Phone #:_____

If Unemployed, how long?_____

Reason Unemployed:_____

List all children under the age of 18 living in your home:

NAME	RELATIONSHIP	AGE

List all other persons living in your home (if over age 18, income required below):

NAME	RELATIONSHIP	AGE

MONTHLY INCOME

Wages $_____ **Self** – After taxes and allowable deductions

I am paid *(please check one)* ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Bi-monthly

*******Copy of recent paycheck stub required and to be submitted with this form*******

Wages $_____ **Spouse (*if not separated)*** –After taxes

He/She is paid *(please check one)* ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Bi-monthly

*******Copy of recent paycheck stub required and to be submitted with this form*******

Wages $_____ **Other household member who contribute to household income** – After taxes

*******Copy of recent paycheck stub required and to be submitted with this form*******

$_____ **Alimony or Child Support received**

Please check one:

☐ I am currently receiving ALL court-ordered child support/alimony.

☐ I have received some, but not all court-ordered child support/alimony. I have received an average of $_____ over the last three (3) months.

☐ I am not receiving ANY court-ordered child support/alimony.

$_____ Social Security, VA, Welfare, Food Stamps or other assistance program.

List type of assistance_____

*******Copy of recent statement required and to be submitted with this form*******

$_____ Other (i.e., interest, dividend, rent, IRA, C.D. acct., etc.)

Source of other income_____

$_____ Money or other assistance received from non-household member

Name of Source and relationship_____

$_____ TOTAL INCOME

ASSETS

$_____ Cash on hand or any money not in a bank

$_____ Money in checking or savings account

$_____ Real Estate (home, land, buildings, etc.) List current market value.

Amount owed $_____

Listed in whose name?_____

$_____ Vehicles – car, truck, boat, tractor, van, motorcycle, rv, etc.
List current market value
Amount owed $_____

Titled/Registered in whose name?_____

$_____ Other assets (list) jewelry, camper, wide screen TV, etc.
List current market value

$_____ TOTAL ASSETS

MONTHLY DEBTS

$_____ Alimony or child support ordered to pay.
Please check one:
☐ I am currently paying the full amount court-ordered child support/alimony.
☐ I have paid some, but not all court-ordered child support/alimony. I have paid an average of $_____ over the last three (3) months.
☐ I have not paid any of court-ordered child support/alimony for the last _____ months.

$_____ Unusually large bills or extraordinary living expenses. Do **NOT** include regular bills (i.e. car payment, phone, insurance, etc.). Explain._____

_____

$_____ Amount of house payment or rent you pay.

$_____ **TOTAL DEBTS.**

Affiant states that (Choose one of the following):

_____(a) she/he represents herself/himself in this action;

_____(b) she/he is represented by counsel and counsel has not yet been paid;

_____(c) she/he is represented by counsel and counsel has not yet been paid in full;

_____(d) she/he is represented by counsel at no expense.

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SWORN STATEMENT:
Upon my oath, I swear that I have no assets with which to pay for mediation and all statements given on all pages of this request for fee waiver are true and correct. I am aware that false swearing is a felony punishable by a fine of not more than $1,000.00 and/or imprisonment for not less than one year or more than five years.

FURTHER SAITH THE AFFIANT NOT.

This _____ day of _____, __.

_____

Affiant's Signature

Address_____

_____

Telephone(home)_____

(business)_____

(other)_____

Email _____

☐ Please check if you do **NOT** want correspondence emailed.

Sworn to and subscribed before me

this ____ day of _____,_____.

Notary Public _____

Notary Public (My commission expires:

_____.)