

## APPLICATION FOR WAIVER OF MEDIATION FEES

CASE NAME: \_\_\_\_\_ v. \_\_\_\_\_

COUNTY: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

NAME OF PARTY REQUESTING WAIVER: \_\_\_\_\_

### THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH, DEPOSES AND SAYS:

I state that the following information I am providing is true and I understand it is intended to be relied upon by the Alapaha ADR Program to determine my eligibility for the waiver of mediation fees.

#### I. GENERAL INFORMATION

(1) Name: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) Phone: \_\_\_\_\_ (4) Date of Birth: \_\_\_\_\_

(5) Number of Dependent Children Living with You \_\_\_\_\_ (6) Are you: \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Married \_\_\_\_\_ Single

#### II. INCOME AND ASSETS

(1) Weekly Income (Take-home) \_\_\_\_\_

(2) Employer or other source of income including government benefits) \_\_\_\_\_

(3) If unemployed, name of last employer, and date of termination \_\_\_\_\_

(4) Monthly or weekly income of spouse or dependents \_\_\_\_\_

(5) Employer or other source of spouse's income (including government benefits) \_\_\_\_\_

(6) Home or other real estate: Value \_\_\_\_\_ Equity: \_\_\_\_\_

(7) Automobiles \_\_\_\_\_

(8) Other assets or property \_\_\_\_\_

(9) Money: (a) Checking Accounts \_\_\_\_\_ (b) At Home \_\_\_\_\_

(c) Savings Accounts \_\_\_\_\_ (d) Safe Deposit Box \_\_\_\_\_

#### III. EXPENSES AND DEBTS

(1) Rent or Mortgage \_\_\_\_\_ (2) Food \_\_\_\_\_ (3) Utilities \_\_\_\_\_

(4) Transportation \_\_\_\_\_ (5) Installment Payments \_\_\_\_\_

(6) Medical & Dental \_\_\_\_\_ (7) Insurance, i.e., (Auto, Home) \_\_\_\_\_

(8) Child Care, i.e., Day Care for Working Mothers \_\_\_\_\_

(9) Child Support Payable \_\_\_\_\_ (10) Alimony Payable \_\_\_\_\_

NAME OF CREDITOR – AMOUNT OWED

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

NAME OF CREDITOR – AMOUNT OWED

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

I declare under penalty of perjury that the foregoing is true and correct; I am aware that perjury is a felony punishable by a fine of not more than \$1000 or imprisonment for not less than one year, nor more than 10 years.

**READ, DATED AND SIGNED, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.**

\_\_\_\_\_  
Party's Signature

Sworn to and subscribed before me,

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

The above and foregoing application read and considered, it is the finding of the ADR Office that the above name Party IS / IS NOT entitled to a waiver of the fees in question.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Director, Alapaha Judicial Circuit ADR Program

Email Completed Application to:

Alapaha ADR  
acga.adr@gmail.com