

IN THE _____ COURT OF FULTON COUNTY

Plaintiff/Petitioner

Civil Action No. _____

vs.

Defendant/Respondent

APPLICATION FOR WAIVER OF MEDIATION FEES

I am providing the information in this declaration in order to apply for a fee waiver for mediation.

Full name _____

Address _____

Telephone: Home _____ Work/Cell _____ Email: _____

Current Employer: _____

What is your total household gross income? _____ Household Net income? _____

Unemployed, how long? _____

Other sources of income & amount:

Unemployment \$ _____ Welfare \$ _____ Disability \$ _____

Child Support \$ _____ Retirement \$ _____ Other \$ _____

Number of children living in home _____ Ages _____

List your checking or savings accounts and other deposits with any bank or financial institution and the amount in each account. _____

List any living expenses such as utilities, child care, and medical expenses and amount (s). _____

Do you pay child support? _____ If so, how much? \$ _____ Is this child support in conjunction with this case? _____

I have read, or had read to me, the above questions and statements and SWEAR that the answers I have given are true and correct.

Signature

Date

Please submit your application for waiver of mediation fees at least 10 days prior to the start of your scheduled mediation.

Having considered the above application, it is determined that the above-named applicant:

_____ Is eligible for having the fees waived in the ADR session.

_____ Is **not** eligible for having the fees waived in the ADR session.

This _____ day of _____, 20_____.

ADR Court Program Manager or Designee