

Conasauga Judicial Circuit

Phone: 706-278-5897

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Dalton, Georgia 30722



### Indigent Fee Waiver Form

The party requesting a fee waiver/fee reduction for the cost of mediation should complete this form and return it **along with a copy of their most recent Federal tax return** to the above address. This form must be received by the ADR Office ten (10) days prior to the mediation session. Late or incomplete forms will not be accepted. The requesting party is responsible for notifying the mediator of the results prior to the mediation session.

\_\_\_\_\_  
Name: (Last, First MI)

\_\_\_\_\_  
Civil Action #

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Style of Case (example: Doe vs. Doe)

\_\_\_\_\_  
State and Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
City,

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Assigned Judge

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 a United States citizen above the age of eighteen (18) years, under no legal disability, and has personal knowledge sufficient to make this affidavit in connection with the above-styled case.

**2.**

Affiant is the Plaintiff / Defendant (**CIRCLE ONE**) in the above styled case which has been ordered by the assigned judge to mediation. Affiant is unable to pay (**select one of the following**):

\_\_\_\_ All of the mediation costs of this action and is therefore requesting a fee waiver.

\_\_\_\_ Any of the mediation costs in this action and is therefore requesting a fee reduction.

\_\_\_\_ Affiant states that mediation fees can be paid so long as fees do not exceed \$\_\_\_\_\_

**3.**

Affiant provides the following information:

1. Are you working?            Y / N            Name of Employer: \_\_\_\_\_

2. Net Income: \_\_\_\_\_ (Monthly)

3. List every source and amount of additional income: This includes child support, alimony, welfare, social security, workman's comp, unemployment, food stamps, or disability. \_\_\_\_\_

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

4. List everyone that Lives in your home:

Name	Relationship / Age	Net Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own your home? Y / N Value: \_\_\_\_\_

6. List Checking, Savings or Money Market Accounts:

Institution	Type / Account #	Balance
_____	_____	_____
_____	_____	_____

7. List any other property of value (jewelry, real estate, etc.): \_\_\_\_\_

8. Amount of monthly house payment or rent \_\_\_\_\_

9. List all indebtedness:

Creditor	Account #	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. List any extraordinary living expenses and amounts (such as regularly occurring medical expenses, prescriptions, childcare, etc.): \_\_\_\_\_

**4.**

Affiant states that (***select one of the following***):

\_\_\_ he/she represents himself/herself in this action;

\_\_\_ he/she is represented by counsel and counsel has not yet been paid. Fees will be paid

by \_\_\_\_\_;

\_\_\_ he/she is represented by counsel at no expense

**5.**

The undersigned Affiant swears the information given herein is true and correct and understands that a false answer to any item may result in prosecution for a felony and/or contempt of Court.

**FURTHER SAITH THE AFFIANT NOT**

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

\_\_\_\_\_  
Affiant's Signature

Sworn to and subscribed before me

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

\_\_\_\_\_

Notary Public; My Commission Expires \_\_\_\_\_