



**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:**

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 \_\_\_\_\_

\$ \_\_\_\_\_

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. 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.

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 \_\_\_\_\_

Sworn to and subscribed before me

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

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

Notary Public (My commission expires: \_

\_\_\_\_\_.)