

**COWETA JUDICIAL CIRCUIT
ALTERNATIVE DISPUTE RESOLUTION PROGRAM
100 Ridley Avenue Suite 3201
LAGRANGE, GA 30240
(706) 883-2168**

The party requesting a fee waiver or fee reduction for the cost of mediation should complete the following form and return it to the above address prior to the mediation session. The party making the request and the assigned mediator will be notified whether the request is granted prior to the mediation session.

Name of Party Requesting Waiver: _____
Case Name: _____
Civil Action File No.: _____ County: _____
Assigned Judge: _____

REQUEST FOR FEE WAIVER OR FEE REDUCTION

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 action.

2.

Affiant is the Plaintiff/Defendant (Circle one) in the above-referenced case which has been referred by the assigned judge to mediation. Affiant is unable to pay:

(CHOOSE ONE OF THE FOLLOWING:)

1. Any of the mediation costs of this action and is therefore requesting a fee waiver.

OR

2. All of the mediation costs in this action and is therefore requesting a fee reduction. Affiant states that mediation fee can be paid so long as fees do not exceed \$_____.

3.

Affiant provides the following information:

Name: _____ Telephone No.: _____
Mailing Address: _____
Birth Date: _____ Age: _____ SSN: _____
Education Level (Highest Grade Completed): _____
Employer: _____
Gross Income Per Month: _____
Number & Ages of Children: _____
Child Support Received Per Month: _____
Child Support Paid Per Month: _____
Child Care Expenses Per Month: _____
Real Estate Owed or Financed: _____
Market Value: _____
Outstanding Indebtedness: _____
Amount of House Payment or Rent Monthly: _____

List Checking, Savings or Money Market Accounts:

<u>Financial Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List All Indebtedness:

<u>Creditor</u>	<u>Account No.</u>	<u>Balance</u>	<u>Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any extraordinary living expenses and amount (such as regularly occurring medical expenses):

List any sources of income, other than that stated above.

4.

Affiant states that (Choose one of the following):

- _____ a. she/he represents her/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 been paid;
- _____ d. she/he 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.

The _____ day of _____, 20_____.

Affiant's Signature

Sworn to and subscribed before me
this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____