



Augusta Judicial Circuit

Administrative Office of the Courts
Augusta Judicial Center, Suite 2200
735 James Brown Boulevard
Augusta, Georgia 30901-2974

Office of Alternative Dispute Resolution
Debbie Goode, Director

Telephone (706)821-2357
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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 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.** *A fee waiver or reduction is only available for mediation services provided by the Augusta Judicial Circuit ADR Program.*

NAME: _____

CASE NAME/STYLE: _____

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 (applicant) 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 (applicant) is the Plaintiff/Defendant (circle one) in the above referenced case, which has been ordered to mediation. Affiant is unable to pay.

Affiant (applicant) provides the following information:

Social Security # _____

Attorney: _____

Current Employer: _____

Supervisor's Name and Phone #: _____

If Unemployed, how long? _____

Reason Unemployed: _____

DEPENDENTS: List all children under the age of 18 and all other persons living in your home:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONTHLY INCOME

- Wages \$ _____ **Self** – After taxes and allowable deductions
Copy of recent paycheck stub required and to be submitted with this form
- Wages \$ _____ **Spouse (if not separated)** – After taxes
Copy of recent paycheck stub required and to be submitted with this form
- Wages \$ _____ **Other household member who contributes to household income** – After taxes
Copy of recent paycheck stub required and to be submitted with this form
- \$ _____ Alimony or Child Support Received
- \$ _____ 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.

\$ _____ 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 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

Phone: (Home) _____

(Business) _____

(Other) _____

Sworn to and subscribed before me,

This ____ day of _____, _____.

Notary Public
My commission expires: _____