



COLUMBIA JUDICIAL CIRCUIT ADR PROGRAM

Serving Columbia County
640 Ronald Reagan Drive · Evans, Georgia 30809

FEE WAIVER APPLICATION

INSTRUCTIONS: Any party requesting a fee waiver or reduction for the cost of mediation must complete this form and submit it to the Columbia Judicial Circuit ADR Program within **ten (10) days** of the Order of Referral for Mediation. The party requesting a fee waiver or reduction will be notified whether the request is granted or denied prior to the mediation session.

Any of the following will result in automatic disqualification of a fee waiver or fee reduction, regardless of the person's ability to pay:

- Fee waivers received after 10 days from Order of Referral;
- Incomplete applications;
- Failure to disclose requested financial information.

A fee waiver or reduction is only available for mediation services provided by the Columbia Judicial Circuit ADR Program.

First Name: _____ Last Name: _____

County where case is filed: _____ Date of Application: _____

Case Caption: _____ vs. _____

Civil Action File No.: _____ Judge: _____

I, _____, have been referred to the Columbia Judicial Circuit ADR Program. I do not have the funds to pay the program rate and hereby request a fee waiver or fee reduction.

The following information herein is true and correct to the best of my knowledge:

-1-

I am the (**Select One:** Plaintiff / Defendant) in the above-referenced case.

-2-

Name of Attorney (if represented): _____

EMPLOYMENT:

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:

<u>#</u>	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
1			
2			
3			
4			
5			
6			

MONTHLY NET INCOME

Wages \$ _____ **Self** – After taxes and allowable deductions

NOTICE: You are required to attach a recent paycheck stub or other proof of income when submitting this Form. Your application will not be considered without providing proof of income.

Wages \$ _____ **Spouse** (if not separated) – **After Taxes**

NOTICE: A copy of a recent paycheck stub or other proof of income must be submitted with this form.

Wages \$ _____ **Other household members who contribute to household income - After Taxes**

\$ _____ 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 NET 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 below:
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**

REQUIRED: Please select one of the following statements that most accurately describes your representation in this case.

- ___ (a) I represent myself in this action.
- ___ (b) I am represented by an attorney and my attorney has not yet been,
- ___ (c) I am represented by an attorney and I have not yet paid my attorney in full.**
- ___ (d) I am represented by an attorney at no expense.

SWORN STATEMENT

I, _____, am financially unable to pay for ADR services without causing substantial hardship to myself or to my family. I certify that all statements given herein are true and correct to the best of my knowledge. I understand that making a false statement and/or failing to disclose accurate information will result in automatic disqualification of a fee waiver or reduction, regardless of my ability to pay.

This ____ day of _____, 20__.

Applicant's Signature

Email Address: _____

Mailing Address: _____

Primary Phone: _____

Secondary Phone: _____