



**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 a fee 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 a fee 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 a fee reduction, regardless of the person's ability to pay:**

- Fee waiver applications received after 10 day from order of referral; Incomplete applications;
- Failure to disclose accurate financial information.
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*A fee waiver or fee reduction is only available for mediation services provided by the Columbia Judicial Circuit ADR Program.*

**Information**

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Applicant Name\*

County\*

Plaintiff's Name\*

Defendant's Name\*

Civil Action File No\*

Judge

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

## Employment

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<b>Current Employer</b>	<input type="text"/>
<b>Supervisor's Name</b>	<input type="text"/>
<b>If Unemployed, how long?</b>	<input type="text"/>
<b>Supervisor's Phone Number</b>	<input type="text"/>
<b>Reason Unemployed</b>	<input type="text"/>

## Dependants

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

Name	Relationship	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add

## Monthly Income

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<b>My Monthly Wages</b>	\$ <input type="text"/>
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After taxes and allowable deductions. NOTICE: You are required to attach proof of income with this application or your application will not be considered regardless of your ability to pay.

Upload My Proof of Income

Upload

<b>Spouse's Monthly Wages (if not separated)</b>	\$ <input type="text"/>
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After taxes and allowable deductions. NOTICE: You are required to attach proof of income with this application or your application will not be considered regardless of your ability to pay.

Upload Spouse's Proof of Income

Upload

<b>Other Adult Household Member Monthly Wages (if applicable)</b>	\$ <input type="text"/>
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After taxes and allowable deductions. NOTICE: You are required to attach proof of income with this application or your application will not be considered regardless of your ability to pay.

Upload Adult Household Member's Proof of Income

Upload

Complete all applicable fields below:

<b>Monthly Alimony Received</b>	\$ <input type="text"/>
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<b>Monthly Alimony Received</b>	\$	<input type="text"/>
<b>Monthly Child Support Received</b>	\$	<input type="text"/>
<b>Pension/Retirement Benefits</b>	\$	<input type="text"/>
<b>Social Security Benefits</b>	\$	<input type="text"/>
<b>Unemployment Benefits</b>	\$	<input type="text"/>
<b>Workers' Compensation</b>	\$	<input type="text"/>
<b>TANF/SNAP</b>	\$	<input type="text"/>
<b>Rental Income</b>	\$	<input type="text"/>
<b>Other Income</b>	\$	<input type="text"/>
<b>Total Monthly Income</b>	\$	<input type="text" value="0.00"/>

## Assets

**Money in Checking or Savings Account** \$

<b>Real Estate (List Current Market Value)</b>	<b>Amount Owed</b>	<b>Description (Home, Land, Building, etc.)</b>	<b>Property Owner</b>
\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Add			

<b>Vehicle (Current Market Value)</b>	<b>Amount Owed</b>	<b>Description (Car, Truck, Boat, Motorcycle, RV, etc.)</b>	<b>Titled/Registered in whose name?</b>
\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>
Add			

**Other Assets (jewelry, electronics, etc.)** \$

**Total Assets** \$

## Monthly Debts

**Monthly Alimony Ordered to Pay** \$

**Monthly Child Support Ordered to Pay** \$

<b>Unusually Large Bills or Extraordinary Living Expenses</b>	<b>Description</b>
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\$ 

Add

<b>Amount of House Payment or Rent You Pay</b>	\$ <input type="text"/>
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<b>Total Debts</b>	\$ <input type="text" value="0.00"/>
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## Legal Representation

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- Applicant states that \***
- I represent myself in this action.
- I am represented by a paid attorney.
- I am represented by an attorney at no expense (pro bono).

## Sworn Statement

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**Signature \***

	Sign
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I certify that I am financially unable to pay for ADR Services without causing substantial hardship to myself or my family. I certify that all information given herein is 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 a fee reduction, regardless of my ability to pay.

**Application Date \*****Email Address****Mailing Address \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

**Primary Phone \*****Secondary Phone**

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Submit

Save as Draft