

**The Tallapoosa Judicial Circuit  
Juvenile Mediation Program**

*Indigent Fee Waiver*

The juvenile and the juvenile's legal guardian requesting a fee waiver for the portion of supervision fees associated with the cost of mediation should complete this form and return it to the mediation office. If you need assistance with this form, please call (770) 387-4807 between 8:30 a.m. and 4:30 p.m.

Name of Party Requesting Waiver: \_\_\_\_\_

Relationship to Juvenile: \_\_\_\_\_

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_ County: \_\_\_\_\_

I, \_\_\_\_\_, personally appeared before the undersigned officer duly authorized to administer oaths in the State of Georgia, and having been sworn, state the following:

SECTION 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.

SECTION 2.

Affiant is the juvenile's legal guardian in the above referenced case that has been referred to mediation. Affiant and juvenile are unable to pay the \$50.00 supervision fee.

SECTION 3.

**Affiant provide the following information:**

1. Are you employed? \_\_\_\_\_ Name of Employer \_\_\_\_\_
2. Monthly take home pay \_\_\_\_\_
3. Additional income: This includes child support, alimony, welfare, social security, workman's comp, unemployment, food stamps, or disability.

\_\_\_\_\_

4. List everyone that lives in your home:

Name	Relationship	Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. List any extraordinary living expenses and amount (such as regularly occurring medical expenses or child care)

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**Juvenile provide the following information:**

1. Are you employed? \_\_\_\_\_ Name of Employer \_\_\_\_\_  
2. Monthly take home pay \_\_\_\_\_

The undersigned Affiant and Juvenile 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

\_\_\_\_\_  
Juvenile's Signature

Sworn to and subscribed before me  
This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_.

The above and foregoing application read and considered, the above named Juvenile Mediation Participant **IS / IS NOT** indigent within the guidelines set by the indigent defense counsel.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Administrator  
Juvenile Mediation Program  
Tallapoosa Judicial Circuit

**Return this form to: 7<sup>th</sup> JAD, Juvenile Mediation Program, P. O. Box 963,  
Cartersville, Georgia, 30120**

