

The Seventh District Juvenile Mediation

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 (Affiant) Requesting Waiver: _____

Relationship to Juvenile: _____

Case Name: _____

Case Number: _____ County: _____

I (Affiant), _____, 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 and phone number of employer _____
2. Monthly take home pay _____
3. Additional income: This includes child support, alimony, social security, workman's comp, unemployment, food stamps, TANF or disability.

Contact names and numbers to verify all income.

4. List everyone that lives in your home:

Name/Age	Relationship	Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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_____.

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