

Office of Dispute Resolution
SEVENTH JUDICIAL ADMINISTRATIVE DISTRICT
P.O. BOX 963
CARTERSVILLE, GA 30120
www.7jad.com



PHONE: (770) 387-4820
TOLL FREE: (877) 655-6865
FAX: (770) 387-5479

Indigent Fee Waiver Form

The party requesting a fee waiver/fee reduction for the cost of mediation should complete this form and return it **along with a copy of their most recent Federal tax return** to the above address. This form must be received by the ADR Office ten (10) days prior to the mediation session. Late or incomplete forms will not be accepted. The requesting party is responsible for notifying the mediator of the results prior to the mediation session. If you need assistance, please call the ADR Office.

Name: (Last, First MI) _____		Civil Action # _____
Mail Address _____		Style of Case (example: Doe vs Doe) _____
City, State and Zip _____	County _____	_____
Phone _____	Assigned Judge _____	

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 Plaintiff / Defendant (**CIRCLE ONE**) in the above referenced case which has been referred by the assigned judge to mediation. Affiant is unable to pay (**select one of the following**):

- All of the mediation costs of this action and is therefore requesting a fee waiver.
- Any of the mediation costs in this action and is therefore requesting a fee reduction.
- Affiant states that mediation fees can be paid so long as fees do not exceed \$ _____.

SECTION 3

Affiant provides the following information:

- Are you working? Y / N Name of Employer: _____
- Net Income: _____ (Monthly)
- List every source and amount of 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 / Age	Net Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own your home? Y / N Value _____

6. List Checking, Savings or Money Market Accounts

Institution	Type / Account No.	Balance
_____	_____	_____

7. List any other property of value (jewelry, real estate, etc.)

8. Amount of monthly house payment or rent _____

9. List all indebtedness

Creditor	Account No.	Balance	Monthly Payment

10. List any extraordinary living expenses and amounts (such as regularly occurring medical expenses, prescriptions, childcare, etc.)

SECTION 4

Affiant states that (*select one of the following*):

- she/he represents herself/himself in this action.
- she/he is represented by counsel and counsel has not yet been paid.
- she/he is represented by counsel at no expense.

SECTION 5

The undersigned Affiant 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.

This _____ day of _____, 20_____.

Affiant's Signature

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public
My commission expires _____.

Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age or national origin. Complaints of discrimination may be filed with the Seventh Administrative District Office.