

**CARROLL COUNTY MEDIATION CENTER  
ALTERNATIVE DISPUTE RESOLUTION PROGRAM  
CARROLL COUNTY COURTHOUSE  
311 NEWNAN STREET (3<sup>RD</sup> FLOOR)  
CARROLLTON, GA 30117  
PHONE: 770-830-5993 / FAX: 770-830-0434**

The party requesting a fee waiver, fee reduction, or additional time to pay the mediation fee should complete the information requested herein and return it to the above address immediately with copies of two most recent pay stubs. The form must be received three business days prior to a scheduled mediation to be considered. Mediators are paid by the parties for whom they mediate. Mediators are not employees of Carroll County nor the Carroll County Mediation Center. Therefore, a request for a waiver of fees is a request for Carroll County to pay the Mediator from County funds on behalf of the party requesting the fee waiver. Currently the Mediation Fee is \$100.00 per hour with a \$200.00 minimum fee.

If your case is a Domestic Case (Alimony, Divorce (including equitable division of assets and liabilities), Legitimation, Child Support and Child Visitation), you are required to submit a Domestic Relations Financial Affidavit to the Court. The information requested herein is in addition to financial information you may have submitted to the Court. Please attach a copy of your Domestic Relations Financial Affidavit to this Request.

The party making the request and the assigned mediator will be notified whether the request is granted prior to the mediation session.

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

Petitioner: \_\_\_\_\_ Defendant: \_\_\_\_\_

Civil Action File Number: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_

**REQUEST FOR FEE WAIVER, FEE REDUCTION, OR PAYMENT PLAN**

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

1.

I am a United States citizen above the age of eighteen (18) years, under no legal disability, and have personal knowledge sufficient to make this affidavit in connection with the above-styled action.

2.

Mailing Address (include City, State, and Zip Code): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Last Four digits of Social Security Number: \_\_\_\_\_

Education Level (Highest Grade Completed): \_\_\_\_\_

3.

Affiant is a party in the above-referenced case which has been referred by the assigned judge to mediation. Affiant is unable to pay:

(INITIAL ONE OF THE FOLLOWING:)

\_\_\_\_\_ a. Any of the mediation costs of this action and is therefore requesting a fee waiver.

OR

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

OR

\_\_\_\_\_ c. All of the mediation costs of this action on the day of mediation and is therefore requesting to pay the mediation costs in monthly installments of \$ \_\_\_\_\_ to begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

If you are unable to the full mediation costs at the time of mediation, please explain why you are unable to pay in monthly installments over a period of four months: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4.

Employer: \_\_\_\_\_

Gross (before taxes) Monthly Income: \_\_\_\_\_

Family / Household Size: Number of Adults: \_\_\_\_\_ Children: \_\_\_\_\_.

Ages of Children living in the household: \_\_\_\_\_

Child Support Received per Month: \$\_\_\_\_\_

Child Support Paid by You to another party per Month: \$\_\_\_\_\_

Child Care Expenses Paid by You per Month:\$\_\_\_\_\_

Number of Disabled Household Members (if any): \_\_\_\_\_.

Gross Monthly Income of other adult(s) in household: \$\_\_\_\_\_.

Other Sources of Income (including, but not limited to: Pension, SSI, RSDI, cash and non-cash governmental assistance such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF)):

Source: \_\_\_\_\_ \$\_\_\_\_\_ (per month)

Source: \_\_\_\_\_ \$\_\_\_\_\_ (per month)

Source: \_\_\_\_\_ \$\_\_\_\_\_ (per month)

5.

Market Value of Real Estate Owned: \$\_\_\_\_\_

Outstanding Indebtedness of Real Estate Owned: \$\_\_\_\_\_

Value of Vehicle(s) Owned: \$\_\_\_\_\_

Outstanding Indebtedness of Vehicle(s) Owned: \$\_\_\_\_\_

List Checking, Savings or Money Market Accounts:

<u>Financial Institution</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

6.

Amount of House Payment or Rent Monthly: \_\_\_\_\_

Monthly Household Utilities: \$ \_\_\_\_\_

List All Indebtedness:

<u>Creditor</u>	<u>Account No.</u>	<u>Balance</u>	<u>Payment</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any **extraordinary** living expenses and monthly amount (such as regularly occurring medical expenses):

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_ \$ \_\_\_\_\_

7.

Affiant states that she/he (Choose one of the following):

- \_\_\_\_\_ a. represents herself/himself in this action;
- \_\_\_\_\_ b. is represented by counsel and counsel has not yet been paid;
- \_\_\_\_\_ c. is represented by counsel and counsel has been paid;
- \_\_\_\_\_ d. is represented by counsel and counsel has been paid by someone else (check one); or  
 Parent  Sibling  Friend  Other
- \_\_\_\_\_ e. is represented by counsel at no expense.

PLEASE USE ADDITIONAL PAGES IF NECESSARY TO SUPPLEMENT REQUESTED INFORMATION. IF ADDITIONAL PAGES ARE ATTACHED PLEASE INDICATE THE NUMBER OF ATTACHED PAGES: \_\_\_\_\_

The undersigned affiant swears the information given herein and on the attached pages, if any are attached, is true and correct. I understand that a false answer to any item or omission of requested information may result in prosecution for a felony and/or contempt of Court.

FURTHER SAITH THE AFFIANT NOT.

The \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

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

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_