



**WEST GEORGIA JUDICIAL CIRCUIT
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

311 Newnan Street • Mediation Suite
Carrollton, Georgia 30117
P.O. Box 338 • Carrollton, Georgia 30112
Phone: 770.830.5993 • Fax: 770.830.0434
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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 INSTALLMENT PAYMENTS

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(s): _____

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: _____