

We want every parent who could benefit from using the OurFamilyWizard® toolset to be able to do so. But we understand that some may not have the financial means to purchase an annual subscription, which is why we have offered fee waivers since our inception. Parents who are eligible may qualify for discounted or free subscriptions through our fee waiver program.

Application Instructions

Please follow the instructions listed below when applying for an OurFamilyWizard® fee waiver. If you have any questions that are not answered by these instructions, please contact our customer support team at (866) 755-9991 or info@ourfamilywizard.com.

- Step 1: Applicants must be able to complete all required contact information fields in the application in order for their submission to be processed. Please provide a phone number and/or email address for the co-parent. This information is required in order for OFW® to be able to connect parent accounts correctly.
- Step 2: Every application must be submitted with supporting documentation that verifies the applicant's eligibility. The documentation options listed in Step 2 of the application are the only accepted documents for the fee waiver program. If ineligible documentation is provided, OFW® customer support will reach out at the provided email address for additional documentation.
- Step 3: This step should only be completed on applications for applicants who are working with legal aid or are receiving other legal services *probono*. Step 3 must be completed by the legal practitioner and **cannot** be completed by the applicant. Legal practitioners completing this step must still provide a signed letter on their letterhead verifying that they are providing legal services *probono* or at a reduced rate.

Fee waiver request form

UNITED STATES



Applicant

Print clearly or fill electronically and email the completed forms and documentation to: info@ourfamilywizard.com

* denotes a required field

Step 1: Contact information for applicant and their co-parent

*First and Last Name:				
*Address:				
*City:	*State	2:	*ZIP code:	
*Telephone:		*Email:		
Other Parent				
*First and Last Name:				
Address:				
City:	State:		ZIP code:	
*Telephone:		*Email:		
Step 2: One of the following docu	ments N	1UST be included wit	h the application	
In forma pauperis or proof of indigen	ice approv	ved by the court within th	e last 12 months.	
provide verification of those benefits Signed letter on letterhead from a leg reduced rate basis. Below	gal profes	sional verifying that they	only.	o bono or
Step 3: Legal professionals to com	plete th	is section only if sub	mitting on behalf of pa	rent(s):
*First and Last Name:				
*Organization:		*	ītle:	
*Address:				
*City:	State:		*ZIP code:	
*Telephone:		*Email:		
For professionals, I am a court officer or arm of the cou financial need for:		noose one of the following a complimentary one		e to
I am a legal professional or court offi grant my client a complimentary one			charge due to financial need	. Please
My services are provided at one-year OFW® subscription at the sa			ncial need. Please grant my o 9.00 USD annual subscriptio	
Signature:			_ Date:	

Southern California Family Mediation dependencymediation.org/resources

MEDIATION SERVICES
for
Superior Court of California
County of Los Angeles, Dependency Courts

The following parents received free mediation services as part of Los Angeles County Family Reunification (FR)
services. Additionally, parents are afforded free legal counsel during Los Angeles County FR services. Southerr
California Family Mediation is pleased to include Our Family Wizard (OFW) in our mediation conversations,
whenever the mediators believe OFW may help co-parents parent more peacefully.

Mediation Date:
Parent Name:
Parent Name:
Sincerely, Mediator Drew, Mediation & Education Systems Director, Southern California Family Mediation drew@socalfm.org