



## Augusta Judicial Circuit

Administrative Office of the Courts  
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Augusta, Georgia 30901-2974

Office of Alternative Dispute Resolution  
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### **REQUEST FOR FEE WAIVER OR FEE REDUCTION**

The party requesting a fee waiver or reduction for the cost of mediation should complete the following form and return it to the above address **three (3) working days** prior to any scheduled mediation session, unless otherwise arranged. The party requesting the waiver/reduction will be notified whether the request is granted prior to the mediation session. **Any of the following will result in automatic disqualification of a fee waiver, regardless of the person's ability to pay: Fee waivers received less than three (3) days prior to the scheduled mediation session (unless otherwise arranged by ADR Director); Incomplete personal information; Failure to disclose requested financial information; False or incomplete financial information; Improperly completed fee waivers.** *A fee waiver or reduction is only available for mediation services provided by the Augusta Judicial Circuit ADR Program.*

NAME: \_\_\_\_\_

CASE NAME/STYLE: \_\_\_\_\_

CIVIL ACTION FILE # \_\_\_\_\_

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-

Affiant (applicant) 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.

-2-

Affiant (applicant) is the Plaintiff/Defendant (circle one) in the above referenced case, which has been ordered to mediation. Affiant is unable to pay.

Affiant (applicant) provides the following information:

Social Security # \_\_\_\_\_

Attorney: \_\_\_\_\_

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

Supervisor's Name and Phone #: \_\_\_\_\_

If Unemployed, how long? \_\_\_\_\_

Reason Unemployed: \_\_\_\_\_

\_\_\_\_\_

**DEPENDENTS:** List all children under the age of 18 and all other persons living in your home:

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONTHLY INCOME**

- Wages \$ \_\_\_\_\_ **Self** – After taxes and allowable deductions  
*Copy of recent paycheck stub required and to be submitted with this form*
- Wages \$ \_\_\_\_\_ **Spouse (if not separated)** – After taxes  
Copy of recent paycheck stub required and to be submitted with this form
- Wages \$ \_\_\_\_\_ **Other household member who contributes to household income** – After taxes  
Copy of recent paycheck stub required and to be submitted with this form
- \$ \_\_\_\_\_ Alimony or Child Support Received
- \$ \_\_\_\_\_ Social Security, VA, Welfare, Food Stamps or other assistance program.  
List type of assistance \_\_\_\_\_
- \$ \_\_\_\_\_ Other (i.e., interest, dividend, rent, IRA, C.D. acct., etc.)  
Source of other income \_\_\_\_\_
- \$ \_\_\_\_\_ Money or other assistance received from non-household member  
Name of source and relationship \_\_\_\_\_
- \$ \_\_\_\_\_ **TOTAL INCOME**

**ASSETS**

\$ \_\_\_\_\_ Cash on hand or any money not in a bank

\$ \_\_\_\_\_ Money in checking or savings account

\$ \_\_\_\_\_ Real Estate (home, land, buildings, etc.) List current market value.  
Amount owed \$ \_\_\_\_\_  
Listed in whose name? \_\_\_\_\_

\$ \_\_\_\_\_ Vehicles – car, truck, boat, tractor, van, motorcycle, RV, etc. List current market value.  
Amount owed \$ \_\_\_\_\_  
Titled/Registered in whose name? \_\_\_\_\_

\$ \_\_\_\_\_ Other assets (list) jewelry, camper, wide screen TV, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current market value.

\$ \_\_\_\_\_ **TOTAL ASSETS**

**MONTHLY DEBTS**

\$ \_\_\_\_\_ Alimony or child support ordered to pay.

\$ \_\_\_\_\_ Unusually large bills or extraordinary living expenses. Explain.  
\_\_\_\_\_

\$ \_\_\_\_\_ Amount of house payment or rent you pay.

\$ \_\_\_\_\_ **TOTAL DEBTS**

-4-

Affiant states that (choose one of the following):

- \_\_\_\_\_ (a) She/he represents herself/himself in this action;
- \_\_\_\_\_ (b) She/he is represented by counsel and counsel has not yet been paid;
- \_\_\_\_\_ (c) She/he is represented by counsel and counsel has not yet been paid in full;
- \_\_\_\_\_ (d) She/he is represented by counsel at no expense.

SWORN STATEMENT:

Upon my oath, I swear that I have no assets with which to pay for mediation and all statements given on all pages of this request for fee waiver are true and correct. I am aware that false swearing is a felony punishable by a fine of not more than \$1,000 and/or imprisonment for not less than one year or more than five years.

FURTHER SAITH THE AFFIANT NOT.

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Address

Phone: (Home) \_\_\_\_\_

(Business) \_\_\_\_\_

(Other) \_\_\_\_\_

Sworn to and subscribed before me,

This \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_