



The Mediation Center of Savannah

REQUEST FOR 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 **Mediation Center located at 5105 Paulsen Street, Suite 125D, Savannah, Georgia, 31405, 912-354-6686 three (3) working days prior to any scheduled mediation session**, unless otherwise arranged.

A fee waiver or reduction is only available for mediation services provided by the Mediation Center and/or cases filed in Chatham County.

AFFIANT (*Applicant*) NAME: _____

CASE NAME: _____

CIVIL ACTION FILE #: _____

I (*applicant*), _____, personally appeared before the undersigned officer duly authorized to administer oaths in the State of Georgia, and having been sworn, state the following:

Affiant(*applicant*) is a United States citizen above the age of eighteen (18) year, under no legal disability, and has personal knowledge sufficient to make this affidavit in connection with the above-styled action.

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

If your attorney has or will be paid to represent you, you will not qualify for a waiver of the mediation fee.

Name of Attorney: _____

Has or will your attorney be paid to represent you? Yes No

If no, your attorney must sign below acknowledging that he or she does not expect to be paid to represent you. The other party will be provided a copy of this affidavit.

Signature of Attorney

Current Employer: _____

Supervisor's Name and Phone #: _____

If Unemployed, how long? _____

Reason Unemployed: _____

DEPENDENTS – List all dependent children under the age of 18 living in your home for whom you have legal responsibility:

NAME	RELATIONSHIP	AGE

LIST MONTHLY SOURCES OF INCOME - If wages, list specific pay period _____
(weekly, bi-weekly, semi-monthly, monthly, etc.)

YOU WILL NOT QUALIFY FOR A FEE WAIVER UNLESS YOU PROVIDE PROOF OF INCOME [paystub, W2, 1099, recent tax return], UNEMPLOYMENT BENEFITS, DISABILITY OR TERMINATION.

- \$ _____ Monthly Wages - **Self** – After taxes and allowable deductions
Copy of recent paycheck stub(s) for one (1) month required to be submitted with this form
- \$ _____ Monthly Wages - **Spouse (if not separated)** –After taxes
Copy of recent paycheck stub(s) for one (1) month required to be submitted with this form
- \$ _____ Monthly Wages - **Other household member who contributes to household** – After taxes
Copy of recent paycheck stub(s) for one (1) month required 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., unemployment, 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.

\$ _____ Monthly living expenses (cellphone, electric, water, etc...)

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

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 \$1,000.00 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

Sworn to and subscribed before me

Address

This ____ day of _____, _____.

Notary Public

Telephone (home) _____

My commission expires: _____

(Business) _____

(Email) _____