



Blue Ridge Judicial Circuit
Cherokee County Justice Center 90 North Street Suite 250 Canton GA 30114
770-501-8905 adr@cherokeecountyga.gov

Indigent Fee Waiver Form

The party requesting a fee waiver/fee reduction for the cost of mediation should complete this form and return it along with a copy of their most recent Federal tax return to the above address. This form must be received by the ADR Office ten (10) days prior to the mediation session. Late or incomplete forms will not be accepted. The requesting party is responsible for notifying the mediator of the results prior to the mediation session. If you need assistance, please call the ADR Office.

Style of Case (Doe v Doe)

Case Number

Mailing Address

City, State, Zip

Phone Number

Judge

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

SECTION 1

Affiant 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.

SECTION 2

Affiant is the Plaintiff/ Defendant (CIRCLE ONE) in the above referenced case which has been referred by the assigned judge to mediation. Affiant is unable to pay (select one of the following):

_____ All or a portion of the mediation costs of this action and is therefore requesting a fee waiver or fee reduction

_____ Affiant states that mediation fees can be paid so long as fees do not exceed \$ _____

SECTION 3

Affiant provides the following information:

1. Are you working? Y / N

Name of Employer: _____

2. Net Income:(Monthly)

3. List every source and amount of additional income: This includes child support, alimony, welfare, social security, workman's comp, unemployment, food stamps, or disability.

4. List everyone that lives in your home:

Name	Relationship/Age	Net Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you own your home Y / N Amount of monthly house payment or rent \$ _____

6. List Checking, Savings or money Market Accounts.

Institution	Type/Account No.	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List any other property of value (jewelry, real estate etc.):

8. List all indebtedness:

Creditor	Account No.	Balance	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. List any extraordinary living expenses and amounts (such as regularly occurring medical expenses, prescriptions, childcare, etc)

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 4

Affiant states that (select one of the following:

- _____ she/he represents herself/himself in this action
- _____ she/he is represented by counsel and counsel has not yet been paid
- _____ she/he is represented by counsel at no expense

Please provide counsel's name if applicable _____

SECTION 5

The undersigned Affiant swears the information given herein is true and correct and understands that a false answer to any item may result in prosecution for a felony and/or contempt of court.

FURTHER SAITH THE AFFIANT NOT.

This _____ day of _____, 20_____

Affiant's Signature

Sworn to and subscribed before me.

This _____ day of _____, 20_____

Notary Public

My commission expires

Services are provided and admissions/referrals are made without regard to race, color, religious creed, ancestry, gender, sexual orientation, disability, age, or national origin. Complaints of discrimination may be filed with the Blue Ridge Judicial Circuit.