

IN THE COURT OF FULTON COUNTY

Plaintiff/Petitioner

Civil Action No. _____

VS.

Defendant/Respondent

APPLICATION FOR WAIVER OF MEDIATION FEES

I am providing the information in this declaration to apply for a fee waiver for mediation.

Full name _____

Address _____

Telephone: _____ Home _____ Work/Cell _____ Email: _____

Current Employer: _____

What is your total household gross income? _____ Household Net income? _____

Unemployed, how long? _____

Other sources of income & amount:

Unemployment \$ _____ Welfare \$ _____ Disability \$ _____

Child Support \$ _____ Retirement \$ _____ Other \$ _____

Number of children living in home _____ Ages _____

List your checking or savings accounts and other deposits with any bank or financial institution and the amount in each account. _____

List any living expenses such as utilities, childcare, and medical expenses and amount (s). _____

Do you pay child support? _____ If so, how much? \$_____ Is this child support in conjunction with this case? _____

I have read, or had read to me, the above questions and statements and SWEAR that the answers I have given are true and correct.

Signature

Date

All mediation request(s) must be submitted to sca.adrstaff@fultoncountygva.gov prior to applying for a fee waiver. Please submit your completed application to sca.adrstaff@fultoncountygva.gov at least 10 days prior to the start of your scheduled mediation.

Having considered the above application, it is determined that the above-named applicant:

_____ Is eligible for having the fees waived in the ADR session.

_____ Is **not** eligible for having the fees waived in the ADR session.

ADR Court Program Manager or Designee