

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

**Fee waivers will not be reviewed and accepted until a mediation date is confirmed. Please submit your completed application to [sca.adrstaff@fultoncountyga.gov](mailto:sca.adrstaff@fultoncountyga.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.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
ADR Court Program Manager or Designee