



POVERTY FEE REDUCTION APPLICATION  
NINTH JUDICIAL ADMINISTRATIVE DISTRICT  
OFFICE OF DISPUTE RESOLUTION

P. O. Box 1236  
501 Candler Street NE  
Gainesville, Georgia 30503

Telephone: 770.535.6909

Facsimile: 770.531.4072

**PLEASE READ CAREFULLY AND COMPLETE EXACTLY AS DIRECTED**

Parties who feel they qualify for a fee reduction are responsible for contacting the 9<sup>th</sup> JAD ODR and requesting a fee reduction application be mailed to them or, the form can be downloaded from our website at [www.adr9.com](http://www.adr9.com). The **original form** must be submitted to our office. We cannot accept a faxed or emailed copy. The Fee Reduction Request Form must be **received** in the 9<sup>th</sup> JAD ODR ten (10) working days (Monday thru Friday, 8:30 am – 5:00 p.m.) **prior** to the scheduled mediation session or seminar date. **Any of the following will result in automatic disqualification for a fee reduction, regardless of the person's ability to pay: Fee reduction requests received less than ten (10) days prior to the scheduled mediation session or seminar date; incomplete case and/or personal information; Failure to disclose requested financial information; False or incomplete information; Improperly completed applications. APPLICATION RE-SUBMISSIONS WILL NOT BE ACCEPTED.** If you have questions about this form, please call 770.535.6909 between 8:30 a.m. and 5:00 p.m. **It is the responsibility of the party requesting the fee reduction to contact our office prior to your date for mediation or seminar to determine if you qualify for a fee reduction. ONCE SUBMITTED YOU CANNOT CHANGE THIS FORM.**

Last Name of Party Requesting Reduction: \_\_\_\_\_ Middle Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_  
Telephone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
Court Case Name/Style: \_\_\_\_\_ Civil Action Filing Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ County in which Case is Filed: \_\_\_\_\_ Assigned Judge: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

***IF ABOVE CASE INFORMATION SECTION IS NOT FILLED OUT COMPLETELY, YOUR REQUEST FOR A FEE REDUCTION WILL NOT BE CONSIDERED.***

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, you, 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 a party in the above referenced case which has been referred to the Office of Dispute Resolution for \_\_\_\_\_ **MEDIATION** \_\_\_\_\_ **SEMINAR** \_\_\_\_\_ **BOTH**. Affiant is unable to pay normal fee rates.

**Section 3.**

Affiant provides the following information:

Name of Current Employer \_\_\_\_\_ Supervisor Name and Telephone Number \_\_\_\_\_  
If unemployed: How long unemployed? \_\_\_\_\_ Most recent Employer \_\_\_\_\_  
Reason (s) for Unemployment \_\_\_\_\_  
If Disabled, list diagnosis \_\_\_\_\_

**Section 4.**

School or College Attending: \_\_\_\_\_  
Financial Aid Amount from school, companies, clubs, government or churches: \$ \_\_\_\_\_

**DEPENDENTS** – List all children that you have custody of under the age of 18 living in your household Name Relationship Age

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST** - all other persons in the household in which you are residing not listed above as dependents:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

**INCOME**

*Wages*

Affiant \$ \_\_\_\_\_ Gross per month (copy of recent paycheck stub required and to be submitted with this form)

**If paystub is not submitted, your application will not be considered**

Other Household Member \$ \_\_\_\_\_ Gross per month **Employer:** \_\_\_\_\_  
(copy of recent paycheck stub required and to be submitted with this form)

Other Household Member \$ \_\_\_\_\_ Gross per month **Employer:** \_\_\_\_\_  
(copy of recent paycheck stub required and to be submitted with this form)

*Other Income:*

\$ \_\_\_\_\_ per month Alimony or Child Support  
List type(s) of support: \_\_\_\_\_

\$ \_\_\_\_\_ per month Social Security, VA, Welfare, Food Stamps, Well Care/Peach Care, public housing or HUD housing or other assistance program.  
List type(s) of assistance \_\_\_\_\_

\$ \_\_\_\_\_ per month Other income such as interest income, dividends, rent, royalties, or from any other sources.  
Source of other income \_\_\_\_\_

\$ \_\_\_\_\_ per month Other assistance received and total amount such as monies from family members, churches, civic organizations or from any other persons or organizations including gifts, use of vehicle, or equipment.  
Name of Source and relationship, if any \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL GROSS INCOME** per month and \$ \_\_\_\_\_ **TOTAL GROSS INCOME** per year

**ASSETS**

**(If these assets below will increase future interest, please put them in the "Income" section above.)**

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

\$ \_\_\_\_\_ Money in checking, savings or any other financial accounts.  
List financial institution(s) and amounts \_\_\_\_\_

\$ \_\_\_\_\_ Real Estate (houses, property, buildings, etc.) List current market value.  
Amount owed \$ \_\_\_\_\_  
Name of Mortgage Holder such as bank, etc. \_\_\_\_\_  
Listed in whose name? \_\_\_\_\_

\$ \_\_\_\_\_ Vehicles (make, model, year) car, truck, boat, tractor, van, motorcycle, recreational vehicle (RV, all terrain vehicle (ATV) or any other vehicle. List current market value.  
Make, Model and Year of vehicle \_\_\_\_\_ Amount owed \$ \_\_\_\_\_  
Titled/Registered in whose name? \_\_\_\_\_ Have GPS device? \_\_\_\_\_

\$ \_\_\_\_\_ Other non-necessity items such as: jewelry, iPod, MP3 Player, Bluetooth, video camera recorder, digital camera, etc. List make, and model if applicable.  
 List current market value of all. \_\_\_\_\_

\$ \_\_\_\_\_ Income Tax refund \_\_\_\_\_ Expected receipt date \_\_\_\_\_ Date received

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

Other non-necessity items: **Fill out Completely.** In the last row list any other non essential items that are not included below:

ITEMS IN HOUSEHOLD	HOUSEHOLD MEMBER USING DEVICE	DATE OF PURCHASE OR DATE GIVEN AS GIFT	MANUFACTURER	MODEL (WITH NUMBER)	COST IF PURCHASED; VALUE IF GIFT	WEEKLY, MONTHLY OR ANNUAL BILL / SERVICE COSTS
COMPUTER (S)						
LAPTOP(S)						
PRINTER (S)						
PDA(S) – Palm Pilot						
Cell Phones Mobile Phone(s)						
Blue Tooth(s)						
GPS Navigator(s)						
Gaming Stations (X Box, Wii, Playstation, etc.)						
iPod(s) – MP3(s)						
Camera(s) DIGITAL, ETC.						
Video Camera(s)						
TELEVISION(S)						
DVD, DVR, TEVO, WII, SURROUND SOUND, ETC.						
TV SERVICE SUCH AS CABLE, DIRECT TV, DISH NETWORK, ETC.						
ALL JEWELRY						
OTHER ITEMS						

**DEBTS**

\$ \_\_\_\_\_ per month Alimony or child support paid by affiant.  
Paid to: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Paid by: (direct deposit, garnishment, in person, etc.)

\$ \_\_\_\_\_ per month Unusually large bills or extraordinary living expenses, such as for a catastrophic or terminal illness for self or dependent. Explain \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL DEBTS** per month and \$ \_\_\_\_\_ **TOTAL DEBTS** per year

**SECTION 5.**

**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 anything. Name of Counsel \_\_\_\_\_
- \_\_\_\_\_ c. she/he is represented by counsel at no expense. Name of Counsel \_\_\_\_\_
- \_\_\_\_\_ d. she/he is represented by counsel that has been paid in full or partially paid. Amount Paid \_\_\_\_\_  
Name of counsel \_\_\_\_\_

**SECTION 6.**

**SWORN STATEMENT:**

Upon my oath, I swear that I have no assets with which to pay the full amount for mediation and/or the seminar, and all statements given on all pages of this request for fee reduction 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.

**Affiant's signature releases the 9<sup>th</sup> JAD ODR to contact all entities necessary to determine income, assets and validity of all information provided in this request for fee reduction.**

**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 \_\_\_\_\_.**

**(SEAL)**