



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

756 Green Street
Gainesville, Georgia 30501

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 may access our form and download it from our website at **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 9th 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 9th 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)