



## Alternative Dispute Resolution (ADR) Program Piedmont Judicial Circuit

5000 Jackson Parkway, Suite 330  
Jefferson, Georgia 30549

Telephone: 706-387-6400

Email: [piedmontcircuitadr@gmail.com](mailto:piedmontcircuitadr@gmail.com)

Website: [piedmontsuperiorcourt.org](http://piedmontsuperiorcourt.org)

### REQUEST FOR FINANCIAL ASSISTANCE

The party requesting financial assistance for mediation must complete this form and return it to the address above at least ten (10) business days before the scheduled mediation, unless other arrangements are made. The requesting party and the assigned mediator will be notified before the session whether the request is approved.

A fee waiver will be automatically denied if:

- The request is received less than ten (10) business days before the mediation (unless approved by the ADR Director).
- The form is incomplete or missing personal information.
- Financial information is not fully disclosed.
- False or misleading financial information is provided.

If you need help completing this form, please call **706-387-6400** between 8:30 a.m. and 4:30 p.m.

NAME: _____	
CASE NAME/STYLE: _____	
COUNTY CASE FILED: _____	CIVIL ACTION FILE #: _____

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

-1-

Affiant is above the age of eighteen (18) years old, under no legal disability, and has personal knowledge sufficient to make this affidavit in connection with the above-styled action.

-2-

Affiant is the Plaintiff/Defendant (circle one) in the above referenced case which has been ordered to mediation. Affiant is unable to pay.

-3-

**Affiant (*applicant*) provides the following information:**

Social Security #: XXX-XX-

Attorney: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Supervisor's Name and Phone #: \_\_\_\_\_

If Unemployed, how long? \_\_\_\_\_

Reason Unemployed: \_\_\_\_\_

**List all children under the age of 18 living in your home:**

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List all other persons living in your home:**

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONTHLY INCOME**

Wages \$ \_\_\_\_\_

**Self** – After taxes and allowable deductions

I am paid (*please check one*) ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Bi-monthly

\*\*\*\**Copy of recent paycheck stub required and to be submitted with this form*\*\*\*\*

Wages \$ \_\_\_\_\_

**Spouse (if not separated)** – After taxes

He/She is paid (*please check one*) ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Bi-monthly

\*\*\*\**Copy of recent paycheck stub required and to be submitted with this form*\*\*\*\*

Wages \$ \_\_\_\_\_

**Other household member who contribute to household income** – After taxes

\*\*\*\**Copy of recent paycheck stub required and to be submitted with this form*\*\*\*\*

\$ \_\_\_\_\_

**Alimony or Child Support received**

Please check one:

- ☐ I am currently receiving ALL court-ordered child support/alimony.  
☐ I have received some, but not all court-ordered child support/alimony. I have received an average of \$ \_\_\_\_\_ over the last three (3) months.  
☐ I am not receiving ANY court-ordered child support/alimony.

\$ \_\_\_\_\_ Social Security, VA, Welfare, Food Stamps or other assistance program.  
 List type of assistance \_\_\_\_\_

\$ \_\_\_\_\_ Other (i.e., interest, dividend, rent, IRA, C.D. acct., etc.)  
 Source of other income \_\_\_\_\_

\$ \_\_\_\_\_ Money or other assistance received from non-household member  
 Name of Source and relationship \_\_\_\_\_

\$ \_\_\_\_\_ **TOTAL INCOME**

## **ASSETS**

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

\$ \_\_\_\_\_ Money in checking or savings account

\$ \_\_\_\_\_ Real Estate (home, land, buildings, etc.) List current market value.  
 Amount owed \$ \_\_\_\_\_  
 Listed in whose name? \_\_\_\_\_

\$ \_\_\_\_\_ Vehicles – car, truck, boat, tractor, van, motorcycle, rv, etc.  
 List current market value  
 Amount owed \$ \_\_\_\_\_  
 Titled/Registered in whose name? \_\_\_\_\_

\$ \_\_\_\_\_ Other assets (list) jewelry, camper, wide screen TV, etc.  
 List current market value

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

## **MONTHLY DEBTS**

\$ \_\_\_\_\_ Alimony or child support ordered to pay.  
**Please check one:**  
☐ I am currently paying the full amount court-ordered child support/alimony.  
☐ I have paid some, but not all court-ordered child support/alimony. I have paid an average of \$ \_\_\_\_\_ over the last three (3) months.  
☐ I have not paid any of court-ordered child support/alimony for the last \_\_\_\_\_ months.

\$ \_\_\_\_\_ Unusually large bills or extraordinary living expenses. Explain.  
 \_\_\_\_\_

\$\_\_\_\_\_ Amount of house payment or rent you pay.

\$\_\_\_\_\_ **TOTAL DEBTS.**

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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;

\_\_\_\_\_ (c) she/he is represented by counsel and counsel has not yet been paid in full;

\_\_\_\_\_ (d) she/he is represented by counsel at no expense.

-5-

**SWORN STATEMENT:**

Upon my oath, I swear that I have no assets with which to pay for mediation and all statements given on all pages of this request for financial assistance 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.

**FURTHER SAITH THE AFFIANT NOT.**

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

\_\_\_\_\_  
Affiant's Signature

Address \_\_\_\_\_

\_\_\_\_\_  
Telephone(home) \_\_\_\_\_

(business) \_\_\_\_\_

(other) \_\_\_\_\_

Email \_\_\_\_\_

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_