

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____,)
Plaintiff,)
)
vs.) CIVIL ACTION FILE NO.
_____,)
Defendant,)
)
)
)

**APPLICATION FOR FINANCIAL ASSISTANCE FOR COURT ORDERED
MEDIATION AND CERTIFICATE OF FINANCIAL RESOURCES**

I am the _____ in the above-styled action. I am hereby requesting assistance for the purposes of securing mediation pursuant to a Court's order. I understand that I am providing this information in this declaration in order for a determination to be made of eligibility for assistance to be paid by the Atlantic Judicial Circuit's ADR Program. I further understand that this information is subject to verification.

1. Name: _____ Phone Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Age: _____ Year of Birth: _____
2. If employed, employer is _____
Employer's address _____
Supervisor _____ phone number _____
NET take home pay (this is what you bring home each pay check after taxes, etc.):
_____ weekly _____ bi-weekly _____ monthly
3. If unemployed, how long and what was last monthly NET take home pay?

4. List other sources of income such as unemployment compensation, welfare or disability income and the amounts received each week or each month:

5. Spouse _____ Is spouse employed, if so where? _____
Spouse's net income is _____ weekly

6. Number of children under the age of 18 living in home that you support: _____
Names and ages: _____

7. Dependents (other than spouse or children) in home. Please give their names and how much you contribute to their support: _____
8. Do you rent or own? _____ Monthly Payment: _____
9. Do you own real property other than your current home? _____
If yes, where? _____

I have read (or had read to me) the above questions and answers and they are true and correct. The Undersigned swears that the information given herein is true and correct and understands that a false answer to any item may result in a charge of false swearing.

This ___ day of _____, 2017.

Affiant

Sworn to and subscribed before me this
_____ day of _____, 2017.

Notary Public
My Commission Expires: _____