**IN THE IOWA DISTRICT COURT IN AND FOR** **COUNTY**

|  |  |
| --- | --- |
| **Upon the Petition of**      **Petitioner,****And Concerning**      **Respondent.** | **Case No.**      **APPLICATION FOR REDUCED RATE MEDIATION FEE** |

 I,       (Name) herein make application for a reduced rate mediation fee.

In support hereof, I attached a financial affidavit evidencing my inability to pay the regular fee associated with mediation.

 I understand that the court may 1) deny my application or, 2) partially grant my application by allowing a reduced fee for mediation, or 3) grant my application and I will receive mediation services at no cost.

 I request that the court grant my application for a:

[ ]  reduced rate mediation fee, or

[ ]  mediation at no cost.

 I hereby certify that a copy of this application and attachments have been mailed to the other party or his/her counsel.

 Signed this       day of      , 20     .

Signature of Filer

Address

Telephone Number

Fax Number

Email Address