**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