**FORM G**

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COUNTY

|  |  |
| --- | --- |
| Upon the Petition of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Petitioner,  and Concerning  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Respondent. | CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  APPLICATION FOR REDUCED FEE MEDIATION |

The parties in this case have been ordered to participate in mediation by Court order.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, request that the Court approve this Application for Reduced Fee Mediation.

I have submitted the required proof to qualify for reduced fee mediation by filing with the Court ONE of the following:

* Financial affidavit (Form K) provided by the Clerk of Court and available at: <https://www.iowacourts.gov/iowa-courts/district-court/judicial-district-2/district-2-family-law-mediation/>

**OR**

* **Proof** of being a current recipient of (please check one):
  + FIP
  + WIC
  + Food Stamps
  + Supplemental Security Income (SSI) from the Social Security Administration

**OR**

* Proof of being represented by a Legal Aid Society or by a Volunteer Lawyers Project lawyer

I cannot afford the cost of mediation and request that the Court appoint a mediator on a free of charge or reduced fee basis. Those fees will not exceed $XXX per hour, and I will pay those fees.

The other party will pay at the mediator's regular rate, unless s/he has also applied and qualified for reduced mediation fees independently.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant