

IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Upon the petition of

_____,
Petitioner

No. _____

And Concerning

_____,
Respondent.

**APPLICATION FOR
APPOINTMENT OF
PRO BONO MEDIATOR**

The Petitioner _____
The Respondent _____

In the above case has submitted the required proof of indigency, by providing proof of one or more of the following criteria:

1. On public assistance - FIP, WIC, Food stamps;
2. Represented by Legal Aid or the Voluntary Lawyer Project; and
3. Unable to work due to physical or mental disability.
4. The applicant is indigent as defined in Iowa Code section 815.7.

S/he hereby states that s/he cannot afford the costs of mediation and requests that the Court appoint a mediator on a pro bono, or reduced fee, basis. Those fees will not exceed \$5.00 an hour, to be paid by the indigent party. The other party will pay at the mediator's regular rate, unless s/he has also applied and qualified for reduced mediation fees.

There is an option to review pro-bono status at the final hearing.

Dated: _____

Signature of party applying for pro bono mediator

Address

Phone