

DISTRICT COURT MEDIATION APPLICATION FOR REDUCED FEES

If you believe your client qualifies for reduced fees, please fill out the following information and return to our office.

Date: _____

Your Name: _____

Your Client's First and Last name: _____

Are you representing your client through the VLP? Yes No

Are you court appointed? Yes No

How many people live in his/her household? _____

Number of Adults: _____

Number of Children under 18: _____

Is your client employed? Yes No

If not what sources of income does he/she receive? _____

Total monthly income for your client: _____

Total monthly income for all other adults in his/her household: _____

Please attach a copy of one or more of the following from your client:

Most Recent Pay Stub

Financial Affidavit which has been filed with the court

Most recent bank statement

BE SURE TO REDACT THE SSN, EMPLOYEE NUMBER AND/OR BANK ACCOUNT NUMBER BEFORE SENDING INFORMATION.