

**SOUTHERN JUDICIAL CIRCUIT  
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

STYLE: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CIVIL ACTION NO: \_\_\_\_\_

SELECTED/ASSIGNED NEUTRAL: \_\_\_\_\_ **Date Scheduled:** \_\_\_\_\_

**THE UNDERSIGNED, BEING FIRST DULY SWORN ON OATH, DEPOSES AND SAYS:**

I am financially unable to obtain the service of a Neutral to hear my Alternative Dispute Resolution Session without causing substantial hardship to myself or to my family; the following information is true and is given and intended to be relied upon by the Administrator of the Southern Judicial Circuit ADR Program in determining my eligibility for the assistance of a Neutral to be furnished at the expense of the Southern Judicial Circuit ADR Program.

**I. GENERAL INFORMATION**

(1) Name: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) Birth Date: \_\_\_\_\_

(4) Number of Dependent Children: \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Married \_\_\_\_\_ Single

**II. INCOME AND ASSETS**

(1) Weekly income (**INDICATE Take-Home Pay ONLY**) \_\_\_\_\_

(2) Employer or other source of income (including government agency) \_\_\_\_\_

(3) If unemployed, name of last employer, and date of termination \_\_\_\_\_

(4) Monthly or weekly income of spouse or dependents \_\_\_\_\_

(5) Employer or other source of spouse's income (including government agency) \_\_\_\_\_

(6) Home or other real estate: Value \_\_\_\_\_ Equity \_\_\_\_\_

(7) Automobiles \_\_\_\_\_

(8) Other assets or property \_\_\_\_\_

(9) Money: (a) Checking Accounts \_\_\_\_\_

(b) Savings Accounts \_\_\_\_\_

**III. EXPENSES AND DEBTS**

(1) Rent or Mortgage \_\_\_\_\_ (2) Food \_\_\_\_\_

(4) Transportation \_\_\_\_\_ (5) Installment Payments \_\_\_\_\_

(6) Medical and Dental \_\_\_\_\_ (7) Insurance, i.e., (Auto, Home) \_\_\_\_\_

(8) Child Care, i.e., Day Care for Working Mothers \_\_\_\_\_

(9) Child Support \_\_\_\_\_ (10) Alimony \_\_\_\_\_

NAME OF CREDITOR - AMOUNT OWED

NAME OF CREDITOR - AMOUNT OWED

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

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

I declare under penalty of perjury that the foregoing is true and correct; I am aware that perjury is a felony punishable by a fine of not more than \$1,000.00 or imprisonment for not less than one year, nor more than 10 years.

**READ, DATED AND SIGNED**, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Alternative Dispute Resolution Participant

Sworn to and subscribed before me,

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

\_\_\_\_\_  
**Notary Public**

The above and foregoing application read and considered, the above named Alternative Dispute Resolution Participant **IS/IS NOT** indigent within the guidelines set by the Superior Court Judges of the Southern Judicial Circuit, and the Alternative Dispute Resolution Program **WILL/WILL NOT** pay the fees for the Neutral.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
**Shannon M. Watts**, Administrator  
Alternative Dispute Resolution Program  
Southern Judicial Circuit

County: \_\_\_\_\_

File Name: \_\_\_\_\_

File No.: \_\_\_\_\_

Neutral: \_\_\_\_\_

Return completed Neutral Fee Waiver Application to the ADR Office

Attn: **Shannon M. Watts, Administrator**  
**Post Office Box 1349 - Valdosta, Georgia 31603-1349**  
**Phone: (229) 245-0248**  
**Fax: (229) 245-7934**