

**SOUTHERN JUDICIAL CIRCUIT
ALTERNATIVE DISPUTE RESOLUTION PROGRAM**

STYLE: _____

COUNTY: _____ CIVIL ACTION NO: _____

SELECTED/ASSIGNED NEUTRAL: _____

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) Social Security No.: _____ (4) Birth Date: _____

(5) Number of Dependent Children: _____ (6) _____ 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) At Home _____

(c) Savings Accounts _____ (d) Safe Deposit Box _____

III. EXPENSES AND DEBTS

(1) Rent or Mortgage _____ (2) Food _____ (3) Utilities _____

(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

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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_____.

Tim C. Hendrick, Administrator
Alternative Dispute Resolution Program
Southern Judicial Circuit

County: _____

File Name: _____

File No.: _____

Neutral: _____

Return completed Neutral Fee Waiver Application to the Moultrie Office

Attn: **Tim C. Hendrick, Administrator**
Post Office Box 2227 - Moultrie, Georgia 31776-2227
Phone: (229) 616-7474
Fax: (229) 616-7447