APPLICATION TO WAIVE MEDIATION FEES (State Standardized Form)

GENERAL INSTRUCTIONS

If a party to an action cannot afford mediation fees, under certain circumstances the law allows the Court to waive the mediation fees.

A waiver of fees is not automatic.

To be considered for a waiver of mediation fees, you must show the Court that you are indigent and cannot afford the fees. The following Application must be filled in completely and accurately. If you leave out any information, the court may not consider your request for a waiver.

A. <u>STEP 1: Filling out the Application to Waive Mediation Fees</u>

- 1. Fill in the heading of your case just as it appears on the other documents.
- 2. If you have questions regarding what information to include on your Application, see a private attorney.
- 3. The application must either be signed in front of a Notary Public or taken to the Clerk's Office and signed in front of a Clerk.

B. STEP 2: Filling out the Order Regarding Waiver of Mediation Fees

- 1. Fill in the heading just as it appears on your other documents.
- 2. Fill in your name where indicated on the form and fill in your name, address and telephone number on the last page.
- 3. Do not fill in the date. The judge will fill that information in when he/she signs the Order.
- 4. Make one (1) copy of the order.

C. STEP 3: Copying and filing the documents

- 1. Take the original and copies of the Application and Order to the Court Clerk's office to turn them in. The Court Clerk will then forward your documents to the judge for consideration.
- 2. When the court makes a decision on the waiver of mediation fees, a copy of the Order will be mailed to you.
- 3. <u>If your fee waiver is granted</u> you will receive a copy of the Order Waiving Mediation Fees.
- 4. **If your fee waiver is denied** pay the mediation fee at the Clerk's office.

The filing of a false (untruthful) affidavit in support of the application can result in the Court assessing the fees and upon a hearing, based on contempt of court, result in a fine not exceeding \$500.00 or imprisonment not exceeding 25 days or both. NRS 22.010 and NRS 22.100.

1 2 3	Your name: Mailing Address: City, State, Zip: Telephone: In Proper Person
456	In The First Judicial District Court of the State of Nevada In and for Carson City
7) Case No
9	vs. Plaintiff,))
10 11	Defendant.
12 13 14	APPLICATION TO WAIVE MEDIATION FEES Pursuant to NPS 3 500(2)(a) and EIDCP 25(16) and based on the following affidavit. I
15	Pursuant to NRS 3.500(2)(e) and FJDCR 25(16) and based on the following affidavit, I request permission from this court to proceed with mediation without paying the mediation fee
16	because I lack sufficient financial ability.
17 18 19	STATE OF NEVADA) ss. CITY OF CARSON CITY)
20	I,, after being duly sworn, depose and state as follows
22	1. I have read the contents of this Application and am competent to testify as to the
23	contents of this Application and the contents are true of my own knowledge.
24 25	2. I am unable, because of my financial poverty, to pay the mediation fee.

1	3. I wish to file with this Court the pleading submitted with this Application. I cannot				
2	pay the mediation fee because I lack sufficient income, assets or other resources.				
3	Including myself, there are	adults	and	ch	ildren
4	in my household. Their age(s) is/are	e			
5	My total monthly income after taxes (take home	pay) is:			
6 7	From all sources, including employment, self-em Social Security, child support, alimony, State and		,	\$	
8	Any other household income from another member of the household: \$				
9	List where you work and your job title:				
LO	The following represent a list of my assets and the	neir value	<u>:</u>		
11	Automobile:	\$	<u>Value</u>	\$	Loan Balance
12	(Year and type of car)				
L3	Mobile Home, House or Other Real Estate:	\$		\$	
L4	(Size, type and/or year of account)				
L5	Bank Accounts:	ф		ф	
L6	(Name of bank and type of account)	\$ _		\$	
L7	Other:	\$		\$	
L8		\$		\$	
L9				,	
20					
21					
22					
23					
24					
25					

My total monthly expenses are:	
My total monthly expenses are:	
Rent or Mortgage	\$
Phone, Gas, Electricity, and other Utilities	\$
Food	\$
Child Care	\$
Insurance	\$
Medical	\$
Transportation	\$
Child support and child care expenses paid to someone else	\$
Other	\$
TOTAL MONTHLY EXPENSES	\$
TOTAL MONTHLE EXIENSES	Ψ
I request that the Court hold a hearing on this Application if the	Court is inclined to den
he same so that I may testify as to my indigent status.	
(Your Sig	gnature)
Certified before me pursuant to NRS 3.300(2) this day of	, 20
Cler	k

STATE OF NEVADA)
COUNTY OF CARSON) ss.
On this day of, 20, personally appeared before
me, the undersigned, a Notary Public in and for the County of,
State of Nevada,, personally known to me or proved to
me to be the person whose name is subscribed to the above instrument and who acknowledged
that she/he executed the above instrument freely and voluntarily and for the uses and purposes
therein mentioned.
NOTARY PUBLIC

Your name: Mailing Address: City, State, Zip:			
Telephone: In Proper Person			
	ict Court of the State of Neva r Carson City		
) Case No.		
) Dept. No		
Plaintiff, vs.			
Defendant.			
	'AIVER OF MEDIATION FEES 's Application to		
waive mediation fees and it appearing that the			
resources with which to pay the mediation fee	es:		
☐ IT IS HEREBY ORDERED that	(Your Name)		
	(Your Name)		
request to waive mediation fees is GRANTED.			
☐ IT IS HEREBY ORDERED that	(Your Name)		
request to waive mediation fees is DENIED for the following reason:			
A. The party is not indigent.			
B. Other:			

1			
2	DATED this	day of	, 20
3			
4			DISTRICT COURT JUDGE
5 6 7	(Your signature)		
8	(Your name)		
9	(Address)		
10			
11	(Telephone)		
12	///		
13	///		
14	///		
15	///		
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24			Page 2 of 2
25			

Order Regarding Waiver of Fees and Costs/W/Rev. 07-18-11