

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. STEP 1: Filling out the Application to Waive Mediation Fees

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. **If your fee waiver is granted** 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.

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No. _____
_____)
_____) Dept. No. _____
_____)
Plaintiff,)
vs.)
_____)
_____)
Defendant.)
_____)

APPLICATION TO WAIVE MEDIATION FEES

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 because I lack sufficient financial ability.

AFFIDAVIT

STATE OF NEVADA)
) ss.
CITY OF CARSON CITY)

I, _____, after being duly sworn, declare under penalty of perjury:
(Your name)

All blank lines must be completed. If the dollar amount or other number is zero write “Ø”.

1. I have read the contents of this Application and am competent to testify as to the contents of this Application and the contents are true of my own knowledge.

- 1 2. I am unable, because of my financial poverty, to pay the mediation fee.
- 2 3. I wish to file with this Court the pleading submitted with this Application. I cannot
- 3 pay the mediation fee because I lack sufficient income, assets or other resources.

4 Including myself, there are _____ adults and _____ children

5 in my household. Their age(s) is/are _____

6 My total monthly income after taxes (take home pay) is:

7 From all sources, including employment, self-employment,

8 Social Security, child support, alimony, State and County benefits, etc. \$ _____

9 Any other household income from another member of the household: \$ _____

10 List where you work and your job title: _____

11 The following represent a list of my assets and their value (if you do not own an asset write
 12 “none”:

<u>Automobile:</u>	<u>Value</u>	<u>Loan Balance</u>
_____	\$ _____	\$ _____
(Year and type of car)		
Mobile Home, House or Other Real Estate:		
_____	\$ _____	\$ _____
(Size, type and/or year of account)		
Bank Accounts:		
_____	\$ _____	\$ _____
(Name of bank and type of account)		
Other:		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

1 My total monthly expenses are:

2
3 Rent or Mortgage \$ _____
4 Phone, Gas, Electricity, and other Utilities \$ _____
5 Food \$ _____
6 Child Care \$ _____
7 Insurance \$ _____
8 Medical \$ _____
9 Transportation \$ _____
10 Child support and child care expenses paid to someone else \$ _____
11 Other \$ _____
12 _____
13 **TOTAL MONTHLY EXPENSES** \$ _____
14

15 I request that the Court hold a hearing on this Application if the Court is inclined to deny
16 the same so that I may testify as to my indigent status.

17 _____
18 (Your Signature)

19 _____
20 Certified before me pursuant to NRS 3.300(2) this ____ day of _____, 20____.

21 _____
22 Clerk
23
24
25

Your name: _____
Mailing Address: _____
City, State, Zip: _____
Telephone: _____
In Proper Person _____

**In The First Judicial District Court of the State of Nevada
In and for Carson City**

_____) Case No. _____
_____)
_____) Dept. No. _____
_____)
Plaintiff,)
vs.)
_____)
_____)
Defendant.)
_____)

ORDER REGARDING WAIVER OF MEDIATION FEES

Upon consideration of _____'s Application to
(Your Name)
waive mediation fees and it appearing that there is not sufficient income, property or
resources with which to pay the mediation fees:

IT IS HEREBY ORDERED that _____'s
(Your Name)
request to waive mediation fees is GRANTED.

IT IS HEREBY ORDERED that _____'s
(Your Name)
request to waive mediation fees is DENIED for the following reason:

The party is not indigent.

Other: _____

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The request for hearing is:

Granted. A hearing is set for _____, at _____.

Denied.

DATED this _____ day of _____, 20_____.

DISTRICT COURT JUDGE

Respectfully submitted:

Signature

Print name

Address

Telephone

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