JUDICIARY Circ	cuit Court for	City or C	-	Case]	No
Name		V	S. Name		
Street Address		Apt # PO Box	Street Addr	ress	Apt # PO Box
	()				()
City	State Zip Code Area Code	Telephone	City	State	Code
	<i>Plaintiff</i>				Defendant
REQUES	T FOR WAIVER O	F FILING F	EE FOF		OSURE MEDIATION
mediation, and]	I am unable to pay the fi	ling fee due to	the circu	mstances deta	iled below.
1. (a) Do you have	any money? 🗌 Yes 🗌	☐ No If yes, !	how much	? \$	Where?
Savings Acc	ount Bank's Name:			Acct. No	Balance: \$
Checking Ac	ccount Bank's Name:			Acct. No	Balance: \$
(b) Are you emp	oloyed? Yes No	If yes, where	e?		
How much d	lo you make? \$		Monthly	Bi-weekly	U Weekly
Position					
(c) Are you self	-employed? Yes	No If yes, do	oing what?		
How much d	lo you make? \$		Monthly	Bi-weekly	U Weekly
(d) If you are no	ot working, when did you	last work?			
(e) Do you own	an automobile?	\Box No If yes,	Make	Mode	eland Year
Is it paid for	? 🗌 Yes 🗌 No Ho	w much do yo	u owe? \$_		
To whom?					
(f) Does anyone	e owe you any money?]Yes 🗌 No	If yes, h	now much? \$	
From whom	? Name:				Phone:
Address:					
(g) Do you own	any real estate or a house	? 🗌 Yes 🗌] No If ye	s, state the valu	ıe \$
Is it mortgag	ged? 🗌 Yes 🗌 No If	f yes, total amo	ount owed S	\$	_ Monthly payment \$
(h) Do you recei	ive any rental income?]Yes 🗌 No	If yes, ho	ow much \$	/month.
(i) Do you own	any personal property (ex	cluding ordina	ary househo	old furnishings	and clothing)? Yes No
If yes, what	is it?				
other disabil	ity benefits, public assista	nce, food stam	ps, settlem w much? \$_	ents, judgment	SI), worker's compensation or ts, trust funds, retirement, annuity What is the source?
(k) Do you have	e any investments?	No If			How much? \$
-	-		-		🗌 Monthly 🗌 Annua

(l) Do you o	we money to others (e	.g. rent, credit card debts	s, loan payments, etc.)?	Yes 🗌 No
If yes, wh	nat?H	Iow much? \$	_ To whom? Name:	
Address:				Phone:
(m) If you are	married and living wi	ith your spouse, state his	or her name:	
Does you	r spouse work? 🗌 Ye	es 🗌 No If yes, his/he	er annual income \$	
Doing wh	at and where?			
(n) List perso support.	ons to whom you actua	lly provide support, you	r relationship to them and	the amount you pay in
Name of	Persons You Support	Relationship	Amount of Support	Frequency
			\$	Uweekly Monthly
			\$	□ Weekly □ Monthly
			\$	□ Weekly □ Monthly
Other fac	ts (if any) concerning	your inability to pay the	filing fee are:	

2. 1y)

IMPORTANT INFORMATION

If the Court does not grant your request for a fee waiver or fee reduction in its entirety, the Court shall specify in its order the dollar amount that you must pay and the amount of time, not to exceed (10) days, within which you must make payment to the Court. If you do not make payment within the time allowed, your request for foreclosure mediation will be stricken.

For these reasons, I request waiver of payment of the filing fee.

I solemnly affirm on personal knowledge and under the penalties of perjury that the contents of the foregoing paper are true.

I HEREBY CERTIFY that on ______, a copy of the foregoing Request for Waiver of Filing Fee for Foreclosure Mediation was mailed, postage prepaid, to:

Clerk of Court	Address
Name	Address
Name	Address
Name	Address
	Borrower's Signature Date
	Address:
	City, State, Zip:
	Phone: