

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

UPON THE PETITION OF _____)
)
)
)
Petitioner,)
v)
)
AND CONCERNING)
_____)
)
Respondent.)

No. _____

**APPLICATION FOR
REDUCED FEE
MEDIATOR**

The Application for the Appointment of a Reduced Fee Mediator made by:

**The Petitioner _____
Or The Respondent _____**

I submit the required proof of indigency by ONE of the following:

- Providing proof of having an income of no more than 200% of the Federal Poverty Level income** by completing and filing a financial affidavit form provided by the Clerk of Court or on mediateiowa.org
OR
- Providing proof of being a current recipient of** (Please check one and provide proof)
 - FIP
 - WIC
 - Food Stamps
 - Supplemental Security Income (SSI) from the Social Security Administration
 OR
- Providing proof of being represented by Legal Aid Society or by a Volunteer Lawyers Project lawyer qualify for reduced fee services. Parties who meet the Iowa Legal Aid eligibility guidelines may also qualify.**

I hereby state that I am unable afford the costs of mediation and request that the Court appoint a mediator on a reduced fee, basis. I understand that those fees will not exceed \$10.00 an hour for my share of the appointed mediator's fees.

I further understand that the other party will pay at the mediator's regular rate, unless s/he has also applied and qualified for reduced mediation fees independently.

Signature of Applicant

Address

Address

Phone

Clerk shall notify all attorneys, unrepresented parties and the named mediator.

Dated: _____