



MEDIATION FEE WAIVER REQUEST

Please Return Form Via Fax to: **972-837-2923**

Or Email to mediation@texomadrc.org

**Please note that you must complete and submit this form in order to be considered for a waived Mediation fee.
If this form is not completed and submitted, the maximum Mediation fee will be assessed.**

1. Household Information:

Beginning with yourself, please list all people currently or expected to be living with you, for whom you are responsible, or with whom you share food and household expenses, regardless of age or relationship to you. Include the gross income of every person over 18 years of age with whom you share household expenses. If complete financial information is not provided, the maximum Mediation fee may be assigned.

Name	Birth Date	Relationship To You	Gross Monthly Income*
_____	_____	<i>Self</i>	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach Additional Pages For Other Names

**Income Before Deductions*

2. Financial Information:

A. Employment

Current Employer: _____ Date of Hire: _____
 Phone Number of Employer: _____ Location (City/State): _____
 Wages (per hour): \$ _____ Hours per Week: _____ Type of Work: _____
 Gross Monthly Income (Income Before Deductions): \$ _____

B. Other Income

**-Mark (X) To All That Apply-
-List Monthly Income From All Sources-**

_____ Alimony: \$ _____	_____ Supplemental Security Income (SSI): \$ _____
_____ Child Support: \$ _____	_____ Unemployment Benefits: \$ _____
_____ Disability: \$ _____	_____ Retirement/Pension: \$ _____
_____ Rental Income: \$ _____	_____ Royalties/Allowances: \$ _____
_____ Other (list source): _____	

C. Deductions

**-Mark (X) To All That Apply-
-List Monthly Obligations-**

_____ Alimony: \$ _____ Child Support: \$ _____ Other: \$ _____

D. Assets

Total Cash On Hand, Checking & Savings
 Account Balances, Certificates Of Deposit, \$ _____
 Stocks, Bonds, Mutual Funds, Trusts, etc.
 Value Of Real Estate Or Other Property

Owned Less Amount Owed (Includes Mobile Homes) \$ _____

\$ _____

Value Of Automobiles, RV's, Camping Trailers, Boats, Motorcycles, ATV's And Any Other Vehicles Less Amount Owed (Include Make, Model & Year) _____

E. Debts & Expenses

Monthly House Payment Or Rent: \$ _____

Total Monthly Utilities: \$ _____

Total Monthly Vehicle Payments: \$ _____

Other Debts (list type): _____

F. Public Assistance

*-Mark (X) To All That Apply-
-List Monthly Assistance From All Sources-*

_____ Food Stamps: \$ _____ Public Housing: \$ _____

_____ Supplemental Security Income (SSI): \$ _____

_____ Other (please specify): _____

STATEMENT OF VERIFICATION

I verify, under penalties of perjury, that the information provided above is true and correct and that, if any of the information changes after submitting this form, I will immediately inform the Texoma Dispute Resolution Center.

Name Signature Date

For Texoma DRC Use Only:			
TDRC Case Number: _____ Family Size: _____ State: _____ County: _____			
\$ _____ + \$ _____ - \$ _____ = \$ _____			
Gross Monthly Income	Benefits/Other Income	Deductions	TOTAL
\$ _____ \$ _____/hr x _____ hr/wk x 52 wks ÷ 12 mo = \$ _____/mo			
Mediation Fee	*TDRC Formula For Computing Monthly Income & Fee*		