IN THE DISTRICT COURT OF APPEAL FOR THE STATE OF FLORIDA
FIFTH DISTRICT

Appellant(s),

v. **Appellate Case No. 5D**
County
Case No.

Appellee(s)

_____/

DATE:

MOTION FOR WAIVER OF MEDIATION FEES

Appellant(s), , through undersigned counsel, hereby move(s) for waiver of mediator's fees and, in support thereof, submits the attached affidavit, and would state that payment of such fees would create an undue financial burden for the following reasons:

I hereby certify that the above information is true and correct.

_____	_____
Appellant(s),	Attorney for Appellant(s)
(Name)	(Name)
(Address)	(Address)
(City/State/Zip)	(City/State/Zip)

NOTE: Signatures by both party and counsel are required.

CERTIFICATE OF SERVICE

(Counsel's Certificate of Service that complies with Florida Rule of Appellate Procedure 9.420(d)(1) must be attached to this motion)

This motion and attached affidavit should be e-filed with the Fifth District Court of Appeal via this Court's eDCA portal, located at www.5dca.org.

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AFFIDAVIT IN SUPPORT OF MOTION FOR WAIVER OF MEDIATION FEES

I, _____, being first duly sworn, depose and make under oath the following statement regarding my age, marital status, dependents, and financial condition.

AGE: _____ DATE OF BIRTH: _____ DEPENDENTS: _____

MARITAL STATUS: ☐ Married ☐ Separated ☐ Divorced ☐ Single

FINANCIAL CONDITION:

Affiant's Gross Income: Weekly $ _____ Bi-Weekly $ _____ Monthly $ _____

Spouse's Gross Income: Weekly $ _____ Bi-Weekly $ _____ Monthly $ _____

Own Home ☐ Yes ☐ No Monthly Payments $ _____

Rent Home ☐ Yes ☐ No Monthly Rent Payment $ _____

Value of Real Estate Owned [home, lot(s), etc.]: $ _____

Own Automobile ☐ Yes ☐ No Monthly Payment $_____

Value of Automobile $ _____ Year/Make _____

Value of Personal Property Owned (boats, stocks, jewelry, etc.) $_____

Value of Personal Debt $ _____

By: _____ Address: _____
Signature of Affiant _____

STATE OF FLORIDA
COUNTY OF _____

SWORN TO AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ 20 ___
☐ Personally known to me ☐ Produced identification: _____

_____ My Commission Expires: _____
Notary Public, State of Florida

Rev. 02-2007