

Court address 180 OTTAWA AVE NW GRAND RAPIDS MI 49503

Court telephone no. (616) 632-5480

Filing Parent's name, address, and telephone no.	Non-Filing Parent's name, address, and telephone no.
Filing Parent's attorney, bar no., address, and telephone no.	Non-Filing Parent's attorney, bar no., address and telephone no.

AFFIDAVIT

1. The attached affidavit is to be filed with the court by or on behalf of _____, Name
 applicant, who is Filing parent. Non-Filing parent.

2. The applicant is entitled to and asks the court for suspension of mediation costs in the action for the following reason:
 - a. Receiving public assistance: Filing parent \$ _____ per _____ Case No.: _____.
 Non-Filing \$ _____ per _____ Case No.: _____.

 - b. Unable to pay mediation costs because of indigency, based on the following facts:

FILING PARENT'S INCOME INFORMATION:

Employer name, address & telephone no.: _____

_____ per week. month. two weeks.
 Length of employment Average gross pay Average net pay

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child related expenses, etc.

NON-FILING PARENT'S INCOME INFORMATION:

Employer name, address & telephone no.: _____

_____ per week. month. two weeks.
 Length of employment Average gross pay Average net pay

ASSETS: State value of car, home, bank deposits, bonds, stocks, etc.

OBLIGATIONS: Itemize monthly rent, installment payments, mortgage payments, child related expenses, etc.

3. REIMBURSEMENT:

I will bring to the court's attention the matter of suspended mediation costs and the availability of funds to pay for them before any disposition is entered. I will report at that time any changes in the information contained in the affidavit of indigency or any other information regarding financial status of the parties.

Affiant signature

Subscribed and sworn to before me on _____

Kent County, Michigan. My commission expires: _____

Signature: _____

Notary public

CERTIFICATION BY PERSON OTHER THAN PARTY

1. I have personal knowledge of the facts appearing in the affidavit.

2. The person in whose behalf the petition is filed is unable to sign it because of

minority: _____ other disability: _____
Date of birth Nature of disability

Relationship: _____

Date

Affiant signature

Affiant name (type or print)

Address

City, state, zip Telephone no.

ORDER

IT IS ORDERED:

1. Mediation costs in this action required by law or court rule are waived/suspended until further order of the court. The case is referred to the ADR Department for the appointment of a court-approved mediator. Before any final disposition or discontinuance is entered, the moving parent shall bring the cost suspension to the attention of the judge for final disposition

The applicant's spouse shall pay the mediation costs required by law or court rule.

This application is denied.

2. Requests for suspension of fees and costs other than mediation must be made separately.

3. Requests for waiver/suspension of transcript costs must be made separately by motion.

Date

Judge Bar no.