

Court address 180 OTTAWA AVE NW GRAND RAPIDS MI 49503

Court telephone no. (616) 632-5480

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

Nonfiling Parent's name, address, and telephone no.
Nonfiling Parent's attorney, bar no., address and telephone no.

**AFFIDAVIT**

1. The attached affidavit is to be submitted to the court by or on behalf of \_\_\_\_\_, applicant, who is  Filing parent.  Nonfiling parent. Name

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.: \_\_\_\_\_.  
 Nonfiling parent \$ \_\_\_\_\_ per \_\_\_\_\_ Case No.: \_\_\_\_\_.

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

**FILING PARENT'S INCOME INFORMATION:**

Employer name and address: \_\_\_\_\_  
\_\_\_\_\_ 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 support, etc.

**NONFILING PARENT'S INCOME INFORMATION:**

Employer name and address: \_\_\_\_\_  
\_\_\_\_\_ 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 support, etc.

**REIMBURSEMENT:**

3. I will bring to the court's attention the matter of suspended mediation costs and the availability of funds to pay 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.

Subscribed and sworn before me on \_\_\_\_\_  
Kent County, Michigan. My commission expires: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Deputy clerk/Register/Notary public

**Affiant signature**

(SEE REVERSE SIDE FOR ORDER)

**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.
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.
4. The applicant's spouse shall pay the mediation costs required by law or court rule.
5. This application is denied.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.