|  |  |  |
| --- | --- | --- |
| STATE OF SOUTH CAROLINA | ) | IN THE COURT OF COMMON PLEAS |
|  | ) | FOR THE       JUDICIAL CIRCUIT |
| COUNTY OF | ) |  |
|  | ) |  |
|  | ) |  |
|  | ) | **APPLICATION FOR WAIVER OF**  **PAYMENT OF NEUTRAL FEES** |
| Plaintiff, | ) |  |
| vs. | ) |  |
|  | ) |  |
|  | ) |  |
| Defendant. | ) | Docket No. |

|  |  |
| --- | --- |
| **NAME OF APPLICANT** |  |
| **ADDRESS** |  |
| **CITY, STATE, ZIP CODE** |  |
| **TELEPHONE NUMBER(S)** |  |

1. **Are you presently employed?** Yes No

1. If “yes,” state the amount of your salary or wages per month, and give the name and address of your employer.

|  |  |  |
| --- | --- | --- |
| **SALARY OR WAGES PER MONTH** | **NAME AND ADDRESS OF EMPLOYER** | **FULL OR PART TIME** |
|  |  |  |
|  |  |  |

1. If “no,” state the name and address of last employment, date of termination of employment, and amount of your salary or wages per month.

|  |  |  |
| --- | --- | --- |
| **SALARY OR WAGES PER MONTH** | **NAME AND ADDRESS OF EMPLOYER** | **TERMINATION**  **DATE** |
|  |  |  |

2. **List by name, age and relationship to you, any persons who are dependent upon you for support. Indicate beside each how much you contribute toward their support.**

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| --- | --- | --- | --- |
| **NAME** | **AGE** | **RELATIONSHIP** | **AMOUNT OF SUPPORT** |
|  |  |  |  |
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3.  **Have you received within the past twelve (12) months any money from any of the following sources?**

1. Business, profession or form of self-employment? Yes  No
2. Rent payments, interest or dividends? Yes  No
3. Pensions, annuities or life insurance payments? Yes  No
4. Gifts or inheritances? Yes  No
5. Any other sources? Yes  No

If the answer to any of the above is “yes,” describe each source of money and state the amount received from each and by whom during the past twelve months.

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| --- | --- |
| **SOURCE OF MONEY** | **AMOUNT** |
|  |  |
|  |  |
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|  |  |

4. **Do you own cash, or do you have any money in a checking or savings account?** Yes No

If the answer is “yes” state the total amount of the cash and owner: $

5. **Do you own any real estate, stocks, bonds, notes, or other valuable property (excluding ordinary household furnishings and clothing)?**

Yes No

If the answer is “yes,” describe the property and the state the appropriate value of the items owned and who owns it:

|  |  |
| --- | --- |
| **PROPERTY** | **AMOUNT** |
|  |  |
|  |  |

6. **What kind of motor vehicle do you and/or the alleged incapacitated individual own?**

Year:       Make:       Model:

Is it paid for? Yes No

If not, what is the monthly payment? $

7. **How much do you owe (on liens, mortgages, other encumbrances or debts)?** $

I do solemnly swear that the above information is a true and full account of all my real and personal estate, debts, credits and effects whatsoever without exception, whether they are assets which I control, assets that any person is holding in trust for me, or in which I have any interest. I have not recently, directly or indirectly sold, leased, assigned or otherwise disposed of or made over, in trust for myself or otherwise, other than is mentioned here.

I do solemnly swear I am financially unable to pay the Neutral Fees associated with the mandatory mediation required by the Court.

This      day of      ,       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this | | | | | |
|  | day of |  | | , |  |
|  |  |  | |  |  |
| Notary Public for South Carolina | | | | | |
| My Commission Expires: | | |  | | |

**The Application for Waiver of Payment of Neutral Fees is hereby**  **Granted /**  **Denied.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Judge/Clerk or Deputy Clerk

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, South Carolina