

(Form 9 A)
APPENDIX

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| State of Alabama Ala. App. Med. Form 9A Page 1 of 3 Revised 12/12 | Affidavit in Support of Motion for Appointment of Pro Bono Mediator | Appellate Case Number |
|---|--|-----------------------|

IN THE ALABAMA (SUPREME COURT) (COURT OF CIVIL APPEALS)

STYLE OF CASE _____ v. _____

I am unable, because of substantial hardship, to pay the mediator's fee. I request that payment of the mediator's fees be waived.

AFFIDAVIT

IDENTIFICATION

Full Name: _____ Date of Birth: _____

Spouse's Full Name (if married): _____

Complete Home Address: _____

Number of People Living in Household: _____ Home Telephone Number: _____

Cell Number: _____ Work Number: _____

Employer: _____ Length of Employment: _____

Employer's Address: _____

Employer's Telephone Number: _____

Occupation/Job Title: _____

Driver's License #: _____ *Social Security #: _____

* Optional

ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? If so, please check those that apply.

AFDC Food Stamps SSI Medicaid Other _____

INCOME/EXPENSE STATEMENT

MONTHLY GROSS INCOME

Monthly Gross Income: \$ _____

Spouse's Monthly Gross Income (unless a marital offense): \$ _____

Other Earnings (commissions, bonuses, interest income, etc): \$ _____

Contributions from others living in household: \$ _____

Unemployment/workers' compensation, Social Security, retirement, etc.: \$ _____

Other Income (specify source of income): _____ \$ _____

TOTAL MONTHLY GROSS INCOME: I. \$ _____

MONTHLY EXPENSES

A. Living Expenses

Rent/ Mortgage: \$ _____

Total Utilities (electric/gas/water/etc.): \$ _____

Food: \$ _____

Clothing: \$ _____

Health Care/Medical: \$ _____

Insurance: \$ _____

Car Payment(s)/Transportation Expenses: \$ _____

Loan Payments: \$ _____

Credit Card Payments: \$ _____

Educational/Employment Expenses: \$ _____

Other Expenses (be specific): _____ \$ _____

SUBTOTAL of A. \$ _____

B. Child Support Payment(s)/Alimony: \$ _____

SUBTOTAL of B. \$ _____

C. Exceptional Expenses: \$ _____

SUBTOTAL of C. \$ _____

TOTAL MONTHLY EXPENSES (add subtotals from A. and B. Only): A. + B. = T. \$ _____

TOTAL MONTHLY GROSS INCOME: I. \$ _____

LESS TOTAL MONTHLY EXPENSES: - T. \$ _____

DISPOSABLE MONTHLY INCOME: = \$ _____

LIQUID ASSETS

Cash on hand/bank (or otherwise available such as stocks/bonds/certificates of deposit): \$ _____

Equity in real estate (value of property, less what you owe): \$ _____

Equity in personal property (such as value of motor vehicles/jewelry/tools/guns/ furnishings/electronic equipment, less what you owe): \$ _____

Other (be specific): _____ \$ _____

Do you own anything else of value? Yes No
 (Land/House/Boat/etc.): \$ _____

If so, please describe: _____

TOTAL LIQUID ASSETS \$ _____

AFFIDAVIT/REQUEST

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in this Affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records and information pertaining to my financial status from any source in order to verify information provided by me.

Affiant's Signature

Print or Type Name

Sworn to and subscribed before me this _____ day of _____, _____.

Judge/Clerk/Notary

NOTE: The ORIGINAL of this form is to be filed with the Appellate Mediation Office, 300 Dexter Avenue, Montgomery, Alabama 36104, along with the Motion for Waiver of Mediator's Fees.