

APPLICATION FOR REDUCED COST MEDIATION
PARTNERSHIP FOR FAMILIES, CHILDREN, AND ADULTS
CENTER FOR FAMILY CONNECTIONS

INSTRUCTIONS:

Complete the Application, then submit the Application *with proof of income* one of the following ways:

In person to: 1801 Duncan Ave., Chattanooga, TN 37404 (appt. only)

By mail to: 1801 Duncan Ave., Chattanooga, TN 37404

By Fax: 423-697-3796

By E-Mail to Elaine Bradway at: ebradway@partnershipfca.com

*If you have any questions,
please call 423-697-3791*

I, _____, do solemnly swear under penalties of perjury, that I am a resident of Tennessee. I am unable to bear the full expenses of mediation, and that I am qualified for the relief sought, to the best of my belief. The following facts support my request.

1. Full Name: _____

2. Address: _____

3. Telephone Number(s): _____

4. Date of Birth: _____

5. Names & Ages of All Dependents	Name _____	Age _____	Relation _____
	Name _____	Age _____	Relation _____
	Name _____	Age _____	Relation _____
	Name _____	Age _____	Relation _____

6. I am employed by	Employer _____	Employer's Address _____	Employer's Phone Number _____
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7. My present income, from all sources, after federal income/social security taxes are deducted, is \$ _____ per week
\$ _____ per month. (Attach proof of income)

8. I receive or expect to receive money from the following:		AFDC \$ _____	per month beginning
SSI \$ _____	per month beginning	Unemployment \$ _____	per month beginning
Retirement \$ _____	per month beginning	Worker's comp \$ _____	per month beginning
Other \$ _____	per month beginning	Disability \$ _____	per month beginning

9. My expenses are	Rent/House Pmt \$ _____	Gas \$ _____	School Supplies \$ _____
	per month	per month	per month
	Groceries \$ _____	Transportation \$ _____	Clothing \$ _____
	per month	per month	per month
	Electricity \$ _____	Medical/Dental \$ _____	Child Care \$ _____
per month	per month	per month	
Water \$ _____	Telephone \$ _____	Child Support \$ _____	
per month	per month	per month	
Other (identify) \$ _____	per month		

10. My assets are (Fair Market Value)	Automobile \$ _____	House \$ _____	Checking/Savings Account \$ _____
	Other \$ _____		

11. My debts are	\$ _____	Owed to _____	Reason for debt _____
	\$ _____	Owed to _____	Reason for debt _____
	\$ _____	Owed to _____	Reason for debt _____
	\$ _____	Owed to _____	Reason for debt _____

I hereby further declare under the penalty of perjury that the foregoing answers are true, correct, and complete and that I am financially unable to pay the full costs of this mediation.

TO BE FILLED OUT BY STAFF:

It appears based upon this application for reduced cost mediation, that the Applicant(s) (select one):

Qualifies for reduced cost mediation, as follows:

Does not qualify for reduced cost mediation, because:

 STAFF MEMBER

 DATE