

IN THE DISTRICT COURT OF APPEAL  
THE STATE OF FLORIDA  
THIRD DISTRICT

v.                      **Appellant(s)**

**Appellate Case No. 3D**  
**County**  
**Case No.**

**Appellee(s)**

\_\_\_\_\_ /

**DATE:**

**MOTION FOR WAIVER OF MEDIATION FEES**

Appellant(s), \_\_\_\_\_, through undersigned counsel, hereby move(s) for  
waiver of mediator's fees and, in support thereof, submits the attached affidavit, and  
would state that payment of such fees would create an undue financial burden for the  
following reasons:

I hereby certify that the above information is true and correct.

\_\_\_\_\_  
Appellant(s),  
(Name)  
(Address)  
(City/State/Zip)

\_\_\_\_\_  
Attorney for Appellant(s)  
(Name)  
(Address)  
(City/State/Zip)

**NOTE: Signatures by both party and counsel are required.**

**CERTIFICATE OF SERVICE**

**(Counsel's Certificate of Service that complies with Florida Rule of Appellate  
Procedure 9.420(d)(1) must be attached to this motion)**

This motion and attached affidavit should be e-filed with the Third District Court of  
Appeal via the Statewide Portal (myflcourtaccess.com). (Rev. 5/2020)

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**Appellant(s)**  
v. **Appellate Case No. 3D**  
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**Appellee(s)**

\_\_\_\_\_ /

**AFFIDAVIT IN SUPPORT OF MOTION FOR WAIVER OF MEDIATION FEES**

I, \_\_\_\_\_, being first duly sworn, depose and make under oath the following statement regarding my age, marital status, dependents, and financial condition.

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ DEPENDENTS:

MARITAL STATUS: Married Separated Divorced Single

FINANCIAL CONDITION:

Affiant's Gross Income: Weekly \$ Bi-Weekly \$ Monthly \$

Spouse's Gross Income: Weekly \$ Bi-Weekly \$ Monthly \$

Own Home: Yes No Monthly Payments \$

Rent Home: Yes No Monthly Payments \$

Value of Real Estate Owned [home, lot(s), etc.]: \$

Own Automobile: Yes No Monthly Payments \$

Value of Automobile \$ Year/Make

Value of Personal Property (boats, stocks, jewelry, etc.) \$

Value of Personal Debt \$

By: \_\_\_\_\_  
Signature of Affiant

Address:

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

SWORN AND SUBSCRIBED TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_  
20

Personally known to me

Produced Identification: \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Florida

My Commission Expires: \_\_\_\_\_

Rev. 05/2020