

VERMONT FAMILY COURT MEDIATION PROGRAM

Notice: You are required to provide proof of income.

APPLICATION FOR SUBSIDY

THIS INFORMATION IS USED TO DETERMINE QUALIFICATION FOR SUBSIDY ONLY AND IS NOT KEPT CONFIDENTIAL.

APPLICANT'S NAME _____

Address _____

Home Phone _____ Type of Work _____

DO ANY OTHER ADULTS LIVE WITH YOU IN YOUR HOME? No Yes

Does this person contribute funds to pay towards the household expenses? No Yes

If YES, please complete the following information:

\$ _____ Amount per month this person contributes to pay household expenses.

Your Income	Previous 30 Day Income	Previous 12 Month Income
Gross income from wages		
Business income less expenses		
Unemployment income		
Child support, spousal support, alimony received		
Welfare or public assistance aid		
Other income *		
TOTAL		

*including any lottery winnings, gifts of cash, disability insurance, Social Security, retirement income, dividend income

Number of children living in your home more than 100 days per year: _____

Do you pay child support? No Yes

If YES: How much per month? \$ _____

How much have you paid in the last 90 days? \$ _____

Do you have any savings accounts, certificates of deposit, money market accounts, stocks or bonds? (These funds may be taken into account in determining your eligibility for subsidy.)

No Yes

If YES, please state current value of (non- retirement) accounts and/or investments: \$ _____

By signing this application, I affirm that this is a true representation of my income, assets, and financial status as of this date, I understand this information may be made available upon request to the State of Vermont, and I have attached proof of my income.

Signature of Applicant

Date

(over)

Please attach copies of your last 3 pay stubs, or certificate from Department of Social Welfare, or a copy of last year's tax return, and/or business profit and loss statement with expenses detailed, etc.

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Subsidized Fee Scale

March 2006

Subsidy is available for up to 10 hours of mediation

Household Income	Fee (per person/per hour)
Above \$30,000	Full fee
\$30,000	\$30
\$27,000	\$25
\$24,000	\$20
\$21,000	\$15
\$18,000	\$10

- Subtract all child support and spousal support paid.
- Add all child support and spousal support received.
- Refer to chart for household income.
- Refer to chart for fee (this includes self and 1-2 minor children or other household dependent).
- For every two additional children living in your household 100 days or more per year, drop down one income category (two categories if there are 5 – 6 children, etc.)
- Both parents may claim the child(ren) as dependents if the children are in each household 30% or more of the time.

If you choose to request a fee subsidy, you will be required to fill out an Application for Subsidy and attach documentation of your income.

For Mediator Use Only
Party's fee per hour \$ _____
Case ID # _____