

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

UPON THE PETITION OF)

)

)

)

_____)

Petitioner,)

v)

AND CONCERNING)

)

_____)

Respondent.)

No. _____

**APPLICATION FOR
APPOINTMENT OF
PRO BONO MEDIATOR**

The Petitioner _____

The Respondent _____

in the above case has submitted the required proof of indigency, by completing and filing a financial affidavit form provided by the Clerk of Court. S/he hereby states that s/he cannot afford the costs of mediation and requests that the Court appoint a mediator on a pro bono, or reduced fee, basis. Those fees will not exceed \$5.00 an hour, to be paid by the indigent party. The other party will pay at the mediator's regular rate, unless s/he has also applied and qualified for reduced mediation fees.

Dated: _____

Signature of party applying for pro bono mediator

Address

Phone