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| **IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR** | | |
| **LEE COUNTY, FLORIDA** |  | **CIVIL ACTION** |

|  |  |
| --- | --- |
| **PETITIONER**  **vs**    **RESPONDENT** | **Case No:** |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**AFFIDAVIT OF INCOME FOR MEDIATON FEES**

I, (full legal name)     , am the

\_\_\_Petitioner \_\_\_Respondent in this case, and certify that the following information is true.

1. That my total gross income, before any deductions, from all sources is $ \_     per year.

**Under penalties of perjury, I declare that I have read this document and the facts stated in it are true.**

I certify that a copy of this Affidavit of Income for Mediation Fee was:

\_\_e-mailed \_\_mailed \_\_ faxed \_\_ hand delivered to the Lee County Court (ADR) Mediation Office on (date)      \_\_and to the opposing party/attorney by \_email \_\_mail \_\_\_fax \_\_\_hand delivered on (date)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Party

E-mail address:      \_\_\_\_\_\_\_\_\_

Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:      \_\_\_\_\_\_\_\_

Telephone Number:      \_\_\_\_\_\_\_\_