

IN THE DISTRICT COURT OF APPEAL FOR THE STATE OF FLORIDA
FIFTH DISTRICT

v. Appellant(s),

Appellate Case No. 5D
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 Fifth District Court of Appeal via this Court's eDCA portal, located at www.5dca.org.

