

Vermont Superior Court Family Mediation Program

<https://www.vermontjudiciary.org/family/family-mediation-program>

Notice: You are required to provide proof of income.

APPLICATION FOR FAMILY MEDIATION SUBSIDY

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

Please attach copies of your last 3 pay stubs, or proof of income as determined by a department or agency of the State of Vermont, or a copy of last year's tax return, and/or business profit and loss statement with expenses detailed, etc.

APPLICANT'S NAME _____

Address _____

Telephone Number _____ Occupation _____

Email Address: _____

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 amount contributed by other household members, lottery winnings, gifts of cash, disability insurance, Social Security, retirement income, and 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

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Subsidized Fee Scale

Subsidy is available for up to 10 hours of Mediation.

Household Income	Fee (Per Person, Per Hour)
Above \$50,001	Mediator's Standard Fee
\$45,001 - \$50,000	\$40
\$40,001 - \$45,000	\$35
\$30,001 - \$40,000	\$30
\$27,001 - \$30,000	\$25
\$24,001 - \$27,000	\$20
\$0 - \$24,000	\$15

- 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.)

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 # _____