



# Dispute Resolution Center

## Of Yakima and Kittitas Counties

132 North First Avenue Yakima WA 98902

Phone: 509.453.8949 Fax: 509-453.0910 Email: admin@drcyakima.org

### HARDSHIP DECLARATION FORM AND FEE REDUCTION APPLICATION

Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_

DRC Case # \_\_\_\_\_ DRC Invoice # \_\_\_\_\_ Fee Amount \_\_\_\_\_

**EVERYONE WHO RECEIVES THIS STATE GRANT IS REQUIRED** to attend the mandatory class, "Communication for Effective Parenting" before mediation. It is held twice per month at the DRC (in English and Spanish). It costs \$5 and is two hours long.

#### DECLARATION

I promise that the information below is complete and truthful. I have no means to pay the full mediation fee. **I declare under penalty of perjury under the laws of the State of Washington that the information I am providing is true and correct, and understand that I may be subject to criminal prosecution if I knowingly provide false information which results in assistance for which I am not eligible.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

#### Monthly gross household income, by type:

Combined Salary/Wages of all household members\* \_\_\_\_\_

\*Household members include spouses, domestic partners, children, and anyone who contributes to the financial support of the household.

Child Support Received \_\_\_\_\_

SSI/Disability/Unemployment /Government Assistance . . . . . \_\_\_\_\_

Other Assistance (i.e. food stamps, etc.) \_\_\_\_\_

Other Income \_\_\_\_\_

**Total Household Income** \_\_\_\_\_

How many adults in your household? \_\_\_\_\_ How many children in your household? \_\_\_\_\_

Briefly describe your hardship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please send the first two pages of your most recent tax return** (no schedules or worksheets needed) **two of your most current pay stubs**, and any related documents that verify the above numbers. We are unable to mail back originals; send copies only. Applications will be denied if documentation is not supplied. In cases of extreme hardship, an appeal regarding this application may be submitted in writing to the Dispute Resolution Center for special consideration due to extenuating circumstances.

#### **DUE WITHIN TWO WEEKS OF YOUR MEDIATION SESSION DATE BEING CONFIRMED**

**FOR OFFICE USE**       Income verification attached?       Tax return attached (last year's)?

Manager's Signature \_\_\_\_\_ Yearly Income \_\_\_\_\_ Approved Amount \_\_\_\_\_ Date \_\_\_\_\_