

# Family Mediation Income Survey



Everyone must complete this form. UDR is a non-profit organization which uses a sliding scale based on the Federal Poverty Guidelines for mediation fees it assesses.

**1. HOUSEHOLD INFORMATION**

Beginning with yourself, list all people living with you for whom you are responsible or with whom you share food and household expenses regardless of age or relationship to you. Include the gross income of every person over 18 years of age with whom you share household expenses. If complete financial information is not provided the highest mediation fee may be assigned.

| Names | Birth Date | Relationship to You | Gross Monthly Salary* |
|-------|------------|---------------------|-----------------------|
| _____ | _____      | Self _____          | _____                 |
| _____ | _____      | _____               | _____                 |
| _____ | _____      | _____               | _____                 |
| _____ | _____      | _____               | _____                 |

Attach additional paper as needed for names

\*Income before any deductions

**2. FINANCIAL INFORMATION**

**A. Employment**

Employer \_\_\_\_\_ Date job began \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_ Hours per week \_\_\_\_\_  
 Type of Work \_\_\_\_\_ **Gross Monthly Income** \$ \_\_\_\_\_

**B. Government Benefits**—Indicate how much you receive monthly from each source. Mark (X) to all that apply:

\_\_\_ AFDC \$ \_\_\_\_\_  
 \_\_\_ Medical Card yourself \$ \_\_\_\_\_ children \$ \_\_\_\_\_  
 \_\_\_ SSI \$ \_\_\_\_\_  
 \_\_\_ General Assistance \$ \_\_\_\_\_

**C. Other Income**—List how much you receive monthly from each source. Mark (X) to all that apply.

\_\_\_ Alimony \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_  
 \_\_\_ Child Support \$ \_\_\_\_\_ Unemployment Comp. \$ \_\_\_\_\_  
 \_\_\_ Disability Benefits \$ \_\_\_\_\_ Retirement/Pension \$ \_\_\_\_\_  
 \_\_\_ Rental Income \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D. Deductions**—Indicate how much you pay monthly for each obligation. Mark (X) to all that apply.

\_\_\_ Alimony \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

**3. STATEMENT OF VERIFICATION**

*This form must be completed and signed before the mediation session to have the fee reduced or waived. Incomplete or late surveys will not be accepted.*

I verify, under penalties of perjury, that the figures given above are true and correct and that, if any of these figures change after submitting this form, I will inform Utah Dispute Resolution immediately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For UDR Office Use Only:**

UDR Case Number: \_\_\_\_\_ Family Size: \_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Gross Monthly Income Benefits/Other Income Total

\$ \_\_\_\_\_ /hr x \_\_\_\_\_ hr/wk x 52 wks ÷ 12 mo = \$ \_\_\_\_\_ /mo  
 Mediation Fee Formula for computing monthly income & mediation fee