

Civil Mediation Program – Court of Queen’s Bench of Alberta

How does Mediation Fee Coverage work?

If you want to try mediation or have been directed to attend mediation by a Judge or Mediation Coordinator, but you can't afford to pay, you can apply for mediation fee coverage.

Mediation Coordinators decide if you qualify for coverage. If you qualify, the Mediation Coordinator will notify you and the other parties involved in your lawsuit that the Civil Mediation Program – Court of Queen’s Bench of Alberta will cover your costs for the mediation as per the agreement reached between you and the Civil Mediation Program – Court of Queen’s Bench of Alberta.

NOTE: If you are the plaintiff in a lawsuit, you may not want the other parties to know that you qualify for coverage because sharing this information may affect your legal rights. It is strongly recommended that you contact a lawyer.

If you qualify for coverage, the Civil Mediation Program – Court of Queen’s Bench of Alberta will pay up to \$600.00 for mediation with a Roster Mediator. This amount could include fees for the following:

- time spent helping parties prepare for mediation;
- time spent in mediation;
- travel time to and from mediation, if in another city;
- rental of a mediation room; and/or
- other possible expenses incurred by the Roster Mediator for the mediation.

If your fees are being covered, you and the other parties must choose a Roster Mediator to work with you from a list provided to you by the Mediation Coordinator. If you cannot agree on a Roster Mediator, a Mediation Coordinator will choose one for you.

A Mediation Coordinator will then talk with you about mediation and answer any questions that you have. The Mediation Coordinator will also help you to:

- contact the Roster Mediator;
- choose a date and time for mediation;
- choose a location for mediation; and/or
- explain what costs are being covered.

There is no charge for the meetings with the Mediation Coordinator.

Are you eligible for coverage?

You are eligible for coverage only if:

1. You have agreed to attend mediation through the Civil Mediation Program – Court of Queen’s Bench of Alberta or a Judge or a Mediation Coordinator has directed that you attend for mediation;

AND

2. You meet the eligibility requirements set out in Civil Practice Note 11 for the Civil Mediation Program – Court of Queen’s Bench of Alberta;

AND

3. Your family income is at or below these amounts:

| Number of Persons in Family | Monthly Gross Family Income | Annual Gross Family Income |
|-----------------------------|-----------------------------|----------------------------|
| 1 | \$2,500 | \$30,000 |
| 2 | \$3,167 | \$38,000 |
| 3 | \$3,417 | \$41,000 |
| 4 | \$3,917 | \$47,000 |
| 5 | \$4,250 | \$51,000 |
| 6 | \$4,583 | \$55,000 |
| 7+ | \$5,000 | \$60,000 |

Definitions

| | |
|-------------------------------------|---|
| Gross Family Income | All income received by the applicant's family, before any deductions. If the applicant is under 18-years-old, "gross family income" is his/her parents' or guardians' income. |
| Family | Includes all family members residing in the applicant's household, including the applicant. Family includes the following: <ul style="list-style-type: none">• spouse;• common-law spouse;• adult interdependent partner; or• dependents. |
| Spouse | The husband or wife of a married applicant. |
| Adult Interdependent Partner | A person who has lived with the applicant for a continuous period of at least 3 years, where the two people: <ul style="list-style-type: none">• are not married;• share each other's lives;• are emotionally committed to each other; and• function as an economic and domestic unit. <p>OR</p> A person who has lived with the applicant in a relationship of some permanence, where the two people: <ul style="list-style-type: none">• have a child of the relationship by birth or adoption;• are not married;• share each other's lives;• are emotionally committed to each other; and• function as an economic and domestic unit. <p>OR</p> A person who has entered into an adult interdependent partner agreement with the applicant. |

To complete this application, you need these supporting documents:

1. Proof of your family's gross monthly income:
 - (a) **If you are working**, copies of your pay stubs/statements for the last 3 months.
 - (b) **If you are not working**, recent proof of the source and amount of your income.For example:
 - your 3 most recent employment insurance benefit statements.
 - your 3 most recent social allowance income statements.
 - your 3 most recent pension benefit statements.
2. Any other documents you believe are necessary to establish your financial situation.
3. Any other documents required by a Mediation Coordinator.

To submit your application:

Mail or fax pages 4, 5, 6 and 7 of this application *and* all supporting documents to:

CIVIL MEDIATION PROGRAM – COURT OF QUEEN’S BENCH OF ALBERTA

Edmonton:

2nd Floor South, Law Courts Building
1A Sir Winston Churchill Square
Edmonton, AB T5J 0R2

Fax: (780) 644-7838

Lethbridge:

Court House
320 – 4th Street South
Lethbridge, AB T1J 1Z8

Fax: (403) 388-3104

For more information:

Call the Office of the Mediation Coordinator:

Edmonton:

(780) 427-2721

Lethbridge:

(403) 388-3102



Mediation Fee Coverage Application Form

The information on this form is collected according to the *Freedom of Information and Protection of Privacy Act* and will be used to decide if your mediation fees will be covered. The information collected on this form will be held in confidence and used only for the purpose for which it is being collected.

Failure to provide complete or accurate information will void your application.

I. Contact Information and Work History

Full name:

Last name First name Middle Initial

Address:

Street Apartment

City Province Postal Code

Home phone:(____) _____

Cell phone:(____) _____

Work phone: (____) _____

Current occupation:

(If you are self-employed, describe the business and its location.)

Current employer:

Name

Address

Phone Length of time at this job

If you have been employed in your current occupation for less than 5 years, please complete the following section:

Previous employer:

Name

Address

Phone Length of time at this job

II. Financial Information Declaration

The information on this form is collected according to the *Freedom of Information and Protection of Privacy Act* and will be used to decide if your mediation fees will be covered. The information collected on this form will be held in confidence and used only for the purpose for which it is being collected.

Failure to provide accurate information will void your application.

I, _____, Name declare that:

1. I am involved in a civil law action at the Court of Queen's Bench of Alberta -
Action No. _____ and this action was filed on

Date

2. I am: _____ single
_____ married
_____ living common law or living with an adult interdependent partner
(see definition on page 2).

3. I support _____ children under 18
Number
_____ other dependents
Number

| Name of other dependent(s): | Is this dependent over 18? |
|-----------------------------|----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

4. Listed below is an accurate statement of finances for my family, which includes all income received in my household during the past 3 months from

_____ to _____
 Date Date

| Description | Amount |
|---|-----------|
| Gross Employment Income | \$ |
| Workers Compensation / Disability Pension | \$ |
| Social Assistance (Support for Independence) | \$ |
| Maintenance | \$ |
| Child Tax Credit | \$ |
| Rental Income | \$ |
| Investment Income | \$ |
| Other (please explain) | \$ |
| _____ | |
| _____ | |
| _____ | |
| Gross income of spouse/common law partner/ adult interdependent partner living with me. | \$ |
| <p>Note: When you complete this section, you must have your spouse/common law partner/adult interdependent partner sign below.</p> <p>I, _____,</p> <p style="text-align: center;">Print name of spouse/common law partner/adult interdependent partner</p> <p>consent to the release of the information about my gross income.</p> <p style="text-align: center;">Signature of spouse/common law partner/adult interdependent partner</p> | |
| Total gross family income for this 3 month period | \$ |
| Average gross monthly family income for this 3 month period | \$ |

5. Here is additional information I believe is important (attach a separate page if necessary):

I agree with all the following statements:

I am applying to have my mediation fees covered.

I understand that I cannot appeal the Mediation Coordinator's decision to cover or not cover my mediation fees.

Until mediation is over, I will immediately inform the Mediation Coordinator of any changes in my financial circumstances. I understand that the Mediation Coordinator can change or cancel my fee coverage. I authorize Alberta Justice representatives and any person or company named in this application (or supporting documents) to exchange information for verification.

If my application is approved, I understand that all travel to and from appointments is not covered.

I understand that lying on this form is a crime.

I, _____ solemnly declare that the facts declared in this application are accurate, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

*DECLARED before me at the City of _____)
_____, in the)
Province of Alberta, this _____ day of)
_____ A.D., 20_____.)
)
)
)
_____)*

Signature of Declarant

A Commissioner for Oaths
in and for the Province of Alberta