

Financial Hardship Application

(Complete this Form to Request a Reduction in Mediation Fees)

Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Reasons for Financial Aid Request: _____

Amount of mediation fee reduction requested:

_____ 10%

_____ 25%

_____ 50%

Ron Friedman Mediations
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