

COURT-FUNDED MEDIATION INVOICE

MEDIATOR PAYMENT INFORMATION

Mediator: _____

Make check payable to: _____

Address for remittance: _____

Phone(home): _____ Phone (work): _____

Fax: _____ E-mail address: _____

Payee's SS # or F.E.I.N. (Whichever applicable): _____

Return ORIGINAL invoice to:

Pepper Flenner
WV Supreme Court
1900 Kanawha Blvd East
Building 1, Room E-100
Charleston, WV 25305

HOURS AND MILEAGE: (each party must file an approved financial affidavit to qualify)

Number of hours worked _____ @ \$45.00/hour = \$ _____ Total fees

County where mediation occurred: _____

Case # _____ originating in County of _____

If you traveled outside of your home county to mediate, provide the following information for mileage reimbursement

County traveled to: _____

Your home county: _____

Round trip miles traveled _____ x \$0. _____ per mile = \$ _____ Total mileage

Add total fees + total mileage = \$ _____ *Total due*

Paid through Parent Education and Mediation Fund 1759

Sign here in blue ink: _____ Date: _____

For Administrative Office Use Only

Approved by: _____ Date: _____

Mediator: _____

County: _____ Case # _____ Mediation Date: _____

PARTIES CONTACT INFORMATION *(addresses REQUIRED for payments to be rendered)*

(1) Name: _____ Approved financial affidavit

Address: _____

Daytime phone: _____ Evening phone: _____

(2) Name: _____ Approved financial affidavit

Address: _____

Daytime phone: _____ Evening phone: _____

MEDIATION INFORMATION:

Date(s) of session(s): _____ County where session held: _____

Time spent in mediation: _____ hours _____ minutes

Administrative time spent outside of mediation: _____ hours _____ minutes

MEDIATION OUTCOME REPORT:

Was an agreement reached during the mediation session? Yes No

Was agreement reached *before* session began? Yes, full agreement Yes, partial agreement No

These parties *failed* to attend: Mother Father Both

Did anyone in addition to the two parties attend the mediation? Yes No

If yes please list the following information regarding the additional person(s) in attendance:

(a) Name: _____ Relationship to party: _____

(b) Name: _____ Relationship to party: _____