

SUPERIOR COURT OF CALIFORNIA, COUNTY OF AMADOR

500 ARGONAUT LANE, JACKSON, CA 95642

Name, Address and Telephone No. of Mediator/Evaluator	CLERK'S USE ONLY
Telephone No:	Case No.
Case Title:	Invoice Date:

FAMILY LAW AND CIVIL MEDIATION CLAIM FORM AND ORDER

CLAIM AND REQUEST FOR APPROVAL OF:

- FAMILY LAW MEDIATION FEES
 CIVIL MEDIATION FEES
 EVALUATOR'S FEES

To the Judge of the Superior Court:

Pursuant to No. 5 of the General Mediation Procedures adopted by the Amador County Superior Court, there is herewith presented a claim for fees in the above-entitled cause:

FAMILY LAW MEDIATION *GL #939101* **TIME/HOURS** _____

- Agreement Petitioner did not show for Mediation Refer for Evaluation Other: _____
 Partial Agreement Respondent did not show for Mediation Recommended for Minor's Counsel (FC 3184)
 No Agreement

- \$210.00** Set fee for mediation
 \$105.00 Quarterly Meeting
 \$50.00 One or both parties did not show

Date: _____ Mediator: _____

(For Statistical Purposes Only)

Did the issues in mediation involve

- Domestic Violence Substance Abuse
 Not Applicable Child Abuse

CIVIL MEDIATION (\$150.00) **FAMILY LAW EVALUATION** (\$600.00 per client)

Mediation Date: _____ TOTAL CLAIM: \$ _____

I declare under penalty of perjury that the itemized statement and claim for services attached hereto is true and correct and accurately reflects the time spent by me in this action.

Date: _____ Mediator/Evaluator: _____

Date: _____
_ Dawn Harmon, Court Executive Officer

ORDER

Amount Approved: \$ _____

Date: _____

Judge of the Superior Court

