

**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: \_\_\_\_\_  
ROB KLOTZ, Court Executive Officer

**ORDER**

Amount Approved: \$ \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
Judge of the Superior Court

