

STIPULATION RE FEE FOR ONGOING SERVICES FOR COURT-ORDERED MEDIATION

(Optional Form: DO NOT FILE WITH THE COURT)

Mediator's Name: \_\_\_\_\_

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

Case No.: \_\_\_\_\_ Mediation date(s): \_\_\_\_\_

The above mediator has agreed to provide three (3) hours of Court-Ordered Mediation services in this matter at no cost to the parties. Mediation services include one hour of pre-mediation services and two hours of mediation. The following parties agree to pay the mediator \$\_\_\_\_\_ per hour or \$\_\_\_\_\_ or additional time.

Payment will be made as follows:

Each party to pay an equal portion.

Other: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR PLAINTIFF)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR DEFENDANT)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR \_\_\_\_\_)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR \_\_\_\_\_)

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF MEDIATOR)