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**COURT-FUNDED MEDIATION INVOICE**

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**Return ORIGINAL Invoice to:  
Court Service Billing Specialist  
WV Supreme Court of Appeals  
1900 Kanawha Blvd.  
Building 1, Room E-100  
Charleston, WV 25305**

**MEDIATOR PAYMENT INFORMATION**

Mediator: \_\_\_\_\_ Social Security or FEIN: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address for remittance: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (work): \_\_\_\_\_ E-mail: \_\_\_\_\_

**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 No.: \_\_\_\_\_ originating in the 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 \_\_\_\_\_ = **Total Mileage:** \_\_\_\_\_

Please use the applicable I.R.S. promulgated standard mileage rate for business miles driven.

**Add total fees + total mileage = Total Due:** \_\_\_\_\_  
*Paid through Parent Education and Mediation Fund 1759*

**Mediator's Signature:** \_\_\_\_\_

(Must be in blue ink)

**Date:** \_\_\_\_\_

Administrative Office use only:  
**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mediator: \_\_\_\_\_

Case No.: \_\_\_\_\_ County: \_\_\_\_\_

**THE FOLLOWING SERVICES WERE RENDERED IN THIS PROCEEDING:**

Itemized time must be in tenths of an hour.

Date	Mediation Time	Administrative Time	Location of Activity; Further Explanations, Notes, or Comments
<b>Total:</b>			

**TOTAL FEES CLAIMED FOR THE ABOVE PROCEEDING**

Enter grand total from above chart. **Total Due:** \_\_\_\_\_

Attach additional sheets if necessary. I have attached \_\_\_\_\_ additional sheet(s).

The Administrative Office will return any Invoice with mathematical or other errors. If returned, you will need to obtain a corrected Order Approving Payment from the Judge.

**Mediator:** \_\_\_\_\_

**Case No.:** \_\_\_\_\_ **County:** \_\_\_\_\_

**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 mediation occurred: \_\_\_\_\_

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 an agreement reached before the 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 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: \_\_\_\_\_