Print Form Reset Form

COURT-FUNDED PARENTING PLAN MEDIATION INVOICE

PAYMENT INFORMATION:

Mediator: _____ Social Security or FEIN *(last 4 digits only)*: _____

Registered Vendor Name: _____

Address for remittance: _____

Phone: _____ E-mail: _____

Case Information:

County: _____ Civil Action No. _____

Judge: _____ Date of Appointment: _____

Petitioner/Plaintiff: _____ Respondent/Defendant: _____

FEE TOTALS

Paid through Parent Education and Mediation Fund 1759

Fees Claimed This Invoice: (total auto-calculated from page 2) **$** $ -

Mileage Claimed This Invoice: (total auto-calculated from page 2) **$** $ -

Amount of This Invoice: **$** $ -

*AFFIRMATION - I hereby affirm that the above statements and amounts are true and correct and that during the time the charges occurred my appointment did not automatically end due to change in eligibility status of the participants.

Mediator's Signature: **Date:** _____

REMITTANCE INSTRUCTIONS:

Mediators:
Please submit completed Invoice to Appointing Judge's office.

Judge/Staff:
Please submit Invoice and Order Approving Payment to the Clerk of the Court.

Circuit Clerk:
Please attach the Invoice to the Order Approving Payment, and submit both to:

Supreme Court of Appeals of WV
Circuit and Family Court Services
1900 Kanawha Blvd. E. Building 1, Room E-100
Charleston, WV 25305

Administrative Office use only:
I hereby certify that the items/services have been received and approved for payment.

Approved: **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 Explanation, Notes, or Comments
Total:	0	0	

TOTAL **FEES** CLAIMED FOR THE ABOVE PROCEEDING **Total Due:** $ -
(calculated at $65.00/hour)

MILEAGE

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

Date	From	To	Mileage	Rate	Purpose	Total
				x		0
				x		0
				x		0
				x		0
					Total:	0

TOTAL **MILEAGE EXPENSES** CLAIMED FOR THE ABOVE PROCEEDING **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.