

STIPULATION RE FEE FOR ONGOING SERVICES FOR COURT-ORDERED MEDIATION Local Rule, Title 3, Division 2 (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. The following parties agree to pay the mediator \$ _____ per hour or \$ _____ for 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)