SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MEDIATOR FEE STATEMENT

This form is for members of the Civil Mediation Panel who provided a Court-Ordered Mediation pursuant to Local Rule, Title 3, Division 2. Please submit this form within ten (10) days of the mediation to the Coordinator of ADR Services:
4050 Main Street, Riverside, CA 92501; CourtADRDirector@riverside.courts.ca.gov

RI-ADR07

SECTION A. MEDIATOR'S INFORMATION

Mediator's Name: _____ Phone Number: _____
Email Address: _____

THIS INFORMATION MUST MATCH THE INFORMATION ON YOUR VENDOR PAYEE FORM

Make Check Payable to: _____
Remit to Address: _____
(ADDRESS)
_____
(CITY) (STATE) (ZIP CODE)

SECTION B. MEDIATION INFORMATION

Case Name: _____ Case No.: _____
Date(s) of Mediation: _____ Length of Session(s): _____

☐ I certify that I was the mediator in the above-entitled case that was mediated pursuant to Local Rule Title 3, Division 2.
☐ I certify that at the time the mediation was held I was an active member of the Court's Civil Mediation Panel.

As confirmation of my service:
1. Date Case Ordered to Court-Ordered Mediation: _____
2. Date Notice of Acceptance Filed: _____
3. Date Statement of Agreement/Non-Agreement Filed: _____

☐ I request payment of $150.00 for my services.

SECTION C. MEDIATOR'S DECLARATION

I declare under penalty of perjury the foregoing to be an accurate statement of services rendered in this case.

_____ _____
(SIGNATURE OF CLAIMANT) (DATE)

For Court Use Only

Fund: 110001
Cost Center: 335340
PECT/Functional Area: 1220
GL: 939101
Approvers Initials: _____ Date: _____
Approvers Printed Name:
_____
COMMENTS:
Approved Fee: $150.00