Claim and Order for Payment for Mediation
Services under Special Authorization of the Galveston County Mediation Board

To: Galveston County, Texas Date of Mediation: _____

Cause No.: _____

Style of Suit: _____

Mediator's Certification

By my signature below, I certify that I served as a mediator of the above-referenced cause on the specified date. I further certify that below is calculation of the Mediator's Requested Claim Amount that: (1) is just and correct; (2) is made in accordance with the rules for Mediation Service of Galveston County, and under Title 7 of Civil Practice and Remedies Code, Chapter 154; (3) reflects a credit for any and all funds directly received; and (4) is for unpaid services.

The Mediation [_____ was or _____ was not] successful in completely resolving the suit.

With respect to fees paid directly to me for the Mediation,

on _____, I received $_____ from _____, and

on _____, I received $_____ from _____.

_____	* $ 200.00	= $ _____	- $ _____	= $ _____
Hours [1 to 4]	Rate/hour	Subtotal	Received Payments	**Mediator's Requested Claim Amount**

By:_____ _____
Mediator's Signature Mediator's Printed Name

Address:_____

Telephone:_____ Fax:_____

Email:_____ EIN:_____

Approval and Order for Payment to Mediator

The Court FINDS, CERTIFIES and APPROVES the Mediator's Requested Claim Amount as set forth above because it complies with the Galveston County Mediation Board's rules and procedures for compensation for mediation services provided in a suit pending before this Court. It is further ORDERED that within 30 days, Galveston County, Texas, its auditor or other representative, shall pay to the Mediator, the Mediator's Requested Claim Amount from Galveston County's from the Mediation Funds Account.

SIGNED this _____ day of _____, 20____.

_____
Presiding Judge

_____
Court Designation

Last Updated: November 28, 2016