MEDIATOR CLAIM FOR REIMBURSEMENT FROM DIVORCING PARENT EDUCATION AND MEDIATION FUND (T.C.A. ˙ 36-6-413) FOR REDUCED FEE MEDIATION

INSTRUCTIONS: Type and submit in duplicate to the clerk of the court. Please complete the form in full or it will be returned. Both copies must be signed by the mediator and the judge. The clerk shall retain one copy for the court files and shall forward the original to the Administrative Office of the Courts, Programs Manager, Divorcing Parent Education and Mediation Fund, 511 Union St., Suite 600, Nashville, TN 37219 via email at: grants@tncourts.gov

STATE OF TENNESSEE

COUNTY OF:_____ COURT:_____ PART:_____ DOCKET NO.:_____

NAME OF MOTHER:_____ NAME OF FATHER:_____

Date of referral to mediation:_____ Date mediation completed:_____

In-session rate: Plaintiff $_____/hr. Defendant $_____/hr to be reimbursed $_____/hr. (max fee per party is $25.00)

Out-of-session rate: Plaintiff$_____/hr. Defendant $_____/hr. to be reimbursed $_____/hr. (max fee per party is $20.00)

ACTIVITY **On the back of this form, itemize in-session and out-of-session hours spent working on this mediation. Attach a copy of the court order of appointment to the mediation.**	(A) In-session hours (tenths)	(B) Out-of-session hours (tenths)	(C) Necessary Expenses
Totals:	**hrs.**	**hrs.**	**$**

I certify that the foregoing represents an accurate, complete statement of time in connection with mediation in the above action or proceedings.

Enter FULL Name, Address, and Phone Number

Mediator: _____

_____
Signature of Mediator   Date

Address:_____

_____

City:_____ State:_____ Zip:_____

Phone: (_____) _____-_____ Email:_____

TO BE COMPLETED BY JUDGE

(A) _____ total approved in-session time @ $_____/hour ....$_____
(B) _____ total approved out-of-session time @ $_____/hour ....$_____
(C) _____ total approved necessary expenses...$_____

Totals .... $

Subject to the provisions of T.C.A. ˙ 36-6-413 and Tennessee Supreme Court Rule 38, this Court finds this to be reasonable compensation for work done in the above case.

This, the_____day of_____, 20 ...._____

Signature of Judge

TO BE COMPLETED BY THE ADMINISTRATIVE OFFICE OF THE COURTS

Total authorized payment $_____

Approved by: _____**Date:**_____

Payment Code: 302.27.21

DATE	ACTIVITY Itemize in-session hours, out-of-session hours, and necessary expenses incurred working on this case.	(A) In-Session Hours (tenths)	(B) Out-of-Session Hours (tenths)	(C) Necessary Expenses
	Totals:	hrs.	hrs.	$